

CENTRAL INDIANA GROTTO – CAVE TRIP/WAIVER RELEASE FORM

TRIP DATE: _____ TRIP ORGANIZER(S): _____

NAME OF CAVE(S): _____

RELEASE IN FULL

AND

WAIVER OF LIABILITY

PLEASE READ CAREFULLY BEFORE EXECUTING

In consideration for being allowed to participate in the cave trip captioned above, I do hereby forever release, discharge, indemnify and agree to hold harmless the Central Indiana Grotto, its officers, members, trip organizers as well as its volunteers and any other person or organization claimed to be responsible for or have any connection with the trip referred to above and which might be claimed to be responsible for any injuries that I might sustain on the cave trip or any activity associated with the trip. This Release is intended to release the parties referred to above from any injury I might sustain, whether caused by the negligence or other wrongful conduct of any of the released parties.

Additionally, I also do hereby release the property or cave owner(s) or managers and any party in any way associated with the cave trip from any and all liability, claims, demands, actions, or causes of action arising out of, or related to any injury or loss, including death, that may be sustained by the undersigned while participating in any activity while on the property referred to above, whether above or below ground.

I understand that caving may be dangerous and that the cave environment may presents risks of bodily harm and death resulting from but not limited to falls, entrapment, hypothermia, drowning, and other cave related activities which may or may not be obvious. The undersigned is fully aware of the potential risks and hazards which may be present in caving or participating in caving activities. The undersigned does hereby elect to voluntarily participate knowing such potential dangers and assumes the risk of any injury. I do not need any warning of any potential hazards associated with the activity.

This Release shall be binding not just on me but any of my heirs, next-of-kin, or the personal representatives of my estate in the event of my death. It is being given in consideration for being allowed to participate in the caving activity described above. If any claim is presented against the released parties for any damages I might sustain, I agree that I will fully indemnify each and every released party as a result of any such claim.

Done this ____ day of _____, 20 ____.

<p>Printed Name: _____</p> <p>Signed: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>DATE OF BIRTH: _____</p>	<p>If applicant is under 18 years of age, parent(s) or guardian(s) must also sign and AGREE to the above RELEASE and WAIVER</p> <p>Printed Name: _____</p> <p>Relationship to the minor: _____</p> <p>Signed: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>DATE OF BIRTH: _____</p>
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