

**SUICIDE CAVE  
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, the undersigned, (please print) \_\_\_\_\_, in consideration of my being granted permission, from time to time, to visit Suicide Cave, Washington County, Indiana, such permission granted to me at my specific request, hereby agree as follows: I knowingly, freely, and voluntarily, for myself, my heirs, personal representatives, and assigns, WAIVE any right or cause of action, of any kind whatsoever, arising as a result of my visiting Suicide Cave or the adjacent property, from which any liability may or could accrue to the current owner or owners of record, their heirs, executors, and administrators, and the Indiana Karst Conservancy, Inc., its Executive Board, agents, and members, and assume all risks of injury to myself, including death by drowning, falling, or other accident, and to my property, while participating in cave exploring or in any activities incidental thereto from the beginning of time up to and including the full extent of the time that I am on or within the bounds of their property.

I acknowledge that Suicide Cave is a completely "wild" cave and no improvements have been made or are desirable. I understand that a visit to a wild cave involves certain risks including but not limited to those listed below. I desire to visit Suicide Cave and will do so completely at my own risk.

I acknowledge that Suicide Cave contains nearly one mile of passage, there may be more passage unknown to the owners or the Conservancy, and that a very real danger of becoming lost exists.

I acknowledge that the stream in Suicide Cave may flood to various depths and that parts of the cave may flood completely, and that it is impossible to predict the time lag between rainfall and flood-flow in the cave.

I acknowledge that steep, slippery mud banks and loose piles of rocks occur in various locations in the cave and pose hazards of slipping and falling.

I acknowledge that the water in Suicide Cave may be polluted by unknown means and may be dangerous to my health.

I acknowledge that there may be higher levels of radioactivity in a limestone cave as compared to the surface of the earth for completely natural reasons and that the effect of this radiation on a cave explorer is unknown.

I acknowledge that, due to unforeseen circumstances, I may be unable to get out of the cave. I will prepare for this eventuality by telling someone my plans and carrying adequate food and clothing.

I will not leave anything in the cave that I took in with me and I will not bring anything extra out of the cave except the normal mud on my clothing and trash left by other cavers.

I will not make any changes to the cave including digging out of crawlways or otherwise modifying the passages.

I will not smoke in the cave.

I will lock the gate behind me, and leave the key in a location known to all members of my party while in the cave. I will promptly return the key to the cave patron after completion of my trip. I will not duplicate the key.

I will not use any alcohol or other intoxicating substances in the cave or for at least eight hours before visiting the cave.

I will not knowingly take any person into Suicide Cave who has not signed an agreement similar to this one.

I understand that it is a criminal act under Indiana law (IC 35-43-1-3) to knowingly harm any cave fauna or speleothem.

I, for myself and my heirs, personal representatives, or assigns, from the date of this release and waiver agreement, and forever hereafter, hold the owner or owners of record and the Indiana Karst Conservancy, Inc., harmless and blameless for any injury to myself, including death, occasioned by my participation in, or presence at caving activities, whether resulting by or through the negligence of the owner or owners of record or the Indiana Karst Conservancy, Inc., their agents, servants, officers, or employees. Should I, my heirs, personal representatives, or assigns, institute any action against either the owner or owners of record or the Indiana Karst Conservancy, Inc., arising out of injury to myself or property, then and in that event, I for myself and my heirs, legal representatives, and assigns, HEREBY AGREE to pay all costs of such action, including attorney fees incurred by them.

WITNESS my hand and seal this date \_\_\_\_\_

Signed \_\_\_\_\_

**All visitors to Suicide Cave must be adults (age 18 or over)**

Address \_\_\_\_\_

**NO EXCEPTIONS!!**

Birth Date \_\_\_\_\_

**Never cave alone. Carry three sources of light and wear a helmet. Tell someone where you have gone and when you will return.  
For rescue call the Indiana State Police 812-332-4411**