

JAMES RIVER GROTTO - CAVE TRIP RELEASE FORM

DATE: _____ TRIP LEADER(S): _____

NAME OF CAVE(S): _____

APPROX. ENTRY TIME: _____ EXPECTED EXIT/CALL BACK TIME: _____/_____

NUMBER OF PERSONS IN PARTY: _____ WEATHER CONDITIONS: _____

NCRC EASTERN REGION CAVE RESCUE (MD-NC-NJ-PA-VA-WV)
(804) 674-2400
Elsewhere in U.S. (800) 851-3051

WAIVER OF LIABILITY

PLEASE READ CAREFULLY AND SIGN BELOW.

I, the undersigned, do hereby release the James River Grotto, its officers, agents or servants or others from any and all liability, claims, demands, actions, and causes of actions whatsoever, arising out of or relating to any loss, damage or injury, including death, that may be sustained by the undersigned while at or enroute to/from any expedition, project or activity associated with the James River Grotto or in connection with caving.

I also do hereby release the property or cave owner(s) or managers or others from any and all liability, claims, demands, actions, and causes of actions whatsoever, arising out of or relating to any loss, damage or injury, including death, that may be sustained by the undersigned while participating in any activity whatsoever, above or beneath ground, while on their property.

I understand that caving is dangerous, and that the cave environment presents risks of bodily harm and death resulting from falls, entrapment, hypothermia, and other cave related activities. The undersigned, being duly aware of the risks and hazards inherent in caving or in participation in caving does hereby elect voluntarily to participate knowing of said dangers.

This release shall be binding upon the distributees, heirs, next-of-kin, executors, and administrators of the undersigned and is given in consideration of the undersigned being allowed to participate in caving activities in which the released entities identified above are involved.

IMPORTANT: No persons under the age of 18 shall be permitted to participate in caving activities with or under the direction of the James River Grotto unless accompanied by his/her legal parent or guardian.

In WITNESS WHEREOF, the undersigned has hereto voluntarily affixed his/her signature.

(PRINT) FULL LEAGAL NAME (or legal parent or guardian) SIGNATURE DATE

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