



Western Cave Conservancy Liability Release and Informed Consent Agreement

Please read carefully before signing.

Each participant in a trip to a cave or property owned or managed by the Western Cave Conservancy (hereinafter referred to as "WCC") should understand there are risks associated with caving or related activities before participating. I acknowledge, understand, and agree that:

1. The risk of injury from caving or other activities carried out on the project listed above is significant, including the potential for broken bones, disease, permanent disability, loss of limbs or vision, and death.
2. I am solely responsible for my own safety and training. While I appreciate the value of advice given by the trip leader and more experienced members of the party, ultimately my safety is my own responsibility.
3. Any equipment that is used, whether provided by myself or others, cannot be guaranteed to be safe and void of defects. I am responsible for thoroughly inspecting all equipment before each use. It is my responsibility to obtain training on the proper use and inspection of equipment, and not rely solely on advice from others in the group.
4. I have not been asked to compensate WCC in any way, whether through payment or services, for the privilege of participating.
5. I assume any and all risks of personal injuries to myself, including medical or hospital bills, and damage to my property, caused by or arising from my participation in this activity.
6. I will not sue or bring a claim against WCC, its officers, directors, volunteers, agents, or supporters in connection with this activity.

I, for myself and on behalf of my heirs, assigns, successors, representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE WESTERN CAVE CONSERVANCY, its officers, directors, volunteers, agents, supporters, trip leaders, and other participants WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS LIABILITY RELEASE AND INFORMED CONSENT AGREEMENT, FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant's signature

Participant's full name

Date

For Parents/Guardians of Participants of Minority Age (under 18): This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, successors, representatives, and next of kin, do release and agree to hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian signature

Emergency phone number

Date