

RELEASE AND WAIVER OF LIABILITY AGREEMENT

A unique cave exploration experience (“Caving”) may be available during your visit to Christ’s Outreach for the Blind. Caving is free and completely optional activity.

This will be a “wild” caving experience in Kentucky. “Wild” caving means that there are no sidewalks, lights, handrails, or other improvements within the cave!

This trip involves a variety of rigorous physical activities. These include, but are not limited to: climbing, crawling, wading, rappelling, hiking, walking, etc. If there are any medical conditions that could be affected by these or other strenuous activities, contact your physician or other appropriate medical professional for guidance. Please list any relevant medical conditions and any medications that are currently being taken by the participant:

I grant authority to authorize any emergency medical treatment required for the participant listed below in the event that I cannot be contacted.

Emergency Contact:

Name: _____

Phone #: _____

I (parent/guardian) authorize _____ (“Participant”) to participate in the Caving and related activities.

I understand that there are certain inherent risks in caving and related activities that can result in permanent injury or death. These risks include, but are not limited to:

- Slips, trips, falls, or painful crashes due to pits, boulders, loose debris, inclines, declines, wet areas in the cave, non-level ground and travel surfaces, and other causes.
- The risk of injury by failure to wear head protection, failure of any equipment or head protection device(s), and banging my head on rock protrusions or the ceiling.
- The fact that since all caves are underground they may flood and have high water levels which can cause drowning or hypothermia.
- The complicated labyrinth of passages in a cave which may cause me and other members of my party to get lost.

I on my behalf and the behalf of any minor in my charge or for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release the Christ’s Outreach for the Blind and any persons or organizations involved with this activity or trip from all liability and waive any claim for personal injury, property damage, or wrongful death occurring to me and/or any minor in my charge or for which I am parent, legal guardian or otherwise responsible from any cause whatsoever.

Participant
Signature _____

Parent/Guardian
Signature _____

Participant
Printed Name _____

Parent/Guardian
Printed Name _____

Date _____

Date _____