

# Your Deep Depths Caving Release Form

PLEASE READ AND CHECK EACH ITEM TRUE OR FALSE

**TRUE \_\_\_ FALSE \_\_\_** I am aware this is an extremely physically-challenging four-hour program involving a morning orientation and caving in the upper part of the cave, a lunch break requiring participants to bring their own lunch, and involves a forty-five-story descent into the most dangerous passages of Laurel Caverns, one of the steepest and deepest caves in the United States.

**TRUE \_\_\_ FALSE \_\_\_** I am aware that removing an injured person from that depth can take up to six hours and require as many as thirty EMS and Fire Department personnel.

**TRUE \_\_\_ FALSE \_\_\_** I am aware that recent years have seen an increase in the rescue of adults who, overwhelmed by the unexpected physical challenges that attend deep-cave bouldering, believed they were having a heart attack; and that all individuals having a recent bone injury, recent medical operation, or history of back problems, knee problems, hip problems, or heart problems, should not to participate in this program.

**TRUE \_\_\_ FALSE \_\_\_** I am aware of, and will comply with, the rule participants must wear long pants, long-sleeved shirts, and hiking boots that have a quarter-inch tread and lace above the ankles; and that those not so prepared will be denied program access.

**TRUE \_\_\_ FALSE \_\_\_** I am aware Laurel Caverns provides a hard hat with light, and also aware that I am encouraged to bring a hand-held light, as well as a change of clothing.

**TRUE \_\_\_ FALSE \_\_\_** I am aware of, and will comply with, the rule all participants in this program, without exception, **must have reached their 14<sup>th</sup> birthday**, and that all **participants not having reached their 18<sup>th</sup> birthday must have a parent, legal guardian, or other lawfully-assigned adult cosign this form**, and If another parent or guardian objects to the participant's involvement in this activity, or is unaware of the contents of this form, the cosigning parent or guardian must **not** give approval for the participant's participation.

**TRUE \_\_\_ FALSE \_\_\_** I am aware of, and will comply with, the rule that participants under age 18, must be accompanied by an adult with lawful responsibility for their discipline and safety.

**TRUE \_\_\_ FALSE \_\_\_** I am aware this program begins at 10:30 am and there are no refunds for arriving late or cancelling; however, for those who cannot make their reserved time, a future date can be arranged.

**TRUE \_\_\_ FALSE \_\_\_** I am aware It is humanly impossible for my guide to know the physical abilities of each participant, or see every move every participant makes, and, therefore, will comply with all safe-caving rules provided in this program.

**TRUE \_\_\_ FALSE \_\_\_** I am aware that knapsacks are subject to search for spray cans, weapons, and the like.

**TRUE \_\_\_ FALSE \_\_\_** I am aware that Laurel Caverns employees cannot know my command of the English language and that, if I lack an ability to understand the above, I need to find help in translation.

**TRUE \_\_\_ FALSE \_\_\_** I (we) affirm: that I (we) have carefully read and understand all of the above statements, that I (we) understand this caving activity involves risks of injury and I (we) voluntarily accept and assume all such risks; and that I (we) will not hold Laurel Caverns, its owners, or its agents, responsible for any injuries, accidents or problems arising from participation in this program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Co-Signature (for those under18): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_