

Caving/Spelunking Parental Consent Form

Participant Information

Participant Name:

Date of Birth:

Address:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Participant:

Contact Number:

Email:

Emergency Contact

Name:

Relationship:

Phone Number:

Medical Information

Relevant Medical Conditions or Allergies:

Current Medications:

Consent & Acknowledgement

I, the undersigned parent/guardian, hereby give permission for the above-named participant to take part in the caving/spelunking activity and acknowledge the inherent risks involved.

Parent/Guardian Signature:

Date: