

# Caving/Spelunking Risk Waiver

I acknowledge and fully understand that participation in caving/spelunking activities involves risks of injury, illness, or death, and damage to personal property. I accept and assume all risks associated with these activities, whether known or unknown, including but not limited to falls, rockfall, flooding, equipment failure, or acts of nature.

I certify that I am in good health and have no physical or mental limitations that would preclude safe participation. I agree to follow all safety instructions and accept responsible conduct while participating.

I hereby release and hold harmless the organizers, guides, landowners, sponsors, and affiliated parties from any and all liability, claims, or demands arising from my participation.

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## Participant Information

Name

Date of Birth

Address

Phone

Email

## Emergency Contact

Name

Phone

Relationship

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## Participant Signature

Signature

Date

**If under 18, Parent/Guardian Consent**

Parent/Guardian Name

Parent/Guardian Signature

Date