

Guided Caving Adventure Consent Form

Please read and complete this consent form before participating in the guided caving adventure.

Participant Information

Full Name

Date of Birth

Address

Emergency Contact Name

Emergency Contact Phone

Health Information

Relevant Medical Conditions / Allergies

Current Medications

Dietary Requirements

Consent & Acknowledgments

☐

I confirm that my participation is voluntary.

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I acknowledge the risks involved in caving activities.

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I agree to follow all instructions and safety guidelines provided by the guide.

Additional Comments

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date