

Northeastern Cave Conservancy, Inc.
National Speleological Society Inc.

WAIVER OF LIABILITY
THIS IS NOT A PERMIT

NOTICE!!
Please READ CAREFULLY before signing.
You give up certain rights by signing this document.

I am _____ . My legal address is:

Street: _____

City, State & zip: _____

I hereby represent that I understand and accept the fact that cave exploration and outdoor activities may involve risk or injury or death from various hazards, both obvious and obscure, including, but not limited to, injury by acts of other cavers, falling, being struck by falling objects, becoming lost, the presence or sudden appearance of water, and other risks not specifically set out in this document.

I accept and assume all such risks, whether or not specifically set out herein, and I acknowledge that the **Northeastern Cave Conservancy, Inc.** and **National Speleological Society Inc.**, their members, and the individual members of any cave trip in which I may participate are not responsible for my well-being and I do not look to them, or any of them, to protect me from such risks.

This release shall be effective as to all activities in which I participate on any properties owned or managed by the above organizations, regardless of whether actual entry into a cave is involved in my activities.

In consideration of participating in such cave trip or trips, or otherwise entering upon the lands indicated above, I, on behalf myself and on behalf of my heirs, assigns and representatives, do hereby irrevocably release all such individuals and organizations and their successors and assigns from any and all claims of whatsoever nature for injury or death or damage to persons or property that may occur as a result of my participation in activities related to cave exploration.

Group name _____ Date of trip ___/___/___

Signed _____ Date ___/___/___

Parent's signature if a minor _____ Date ___/___/___

Witness to signature _____ Date ___/___/___

Witness to signature _____ Date ___/___/___

Completed waivers should be sent to the NCC at PO Box 254, Schoharie, NY 12157.

Send no individual waivers. Waivers for the permitted must be received as one package.

All blanks must be completed. If over 18, enter N/A in the Parental signature line.