CENTRAL OHIO GROTTO – GROTTO ACTIVITY RELEASE WAIVER FORM

ACTIVITY DATE: _____ ACTIVITY ORGANIZERS: _____

NAME OF ACTIVITY/LOCATION/CAVE:_____

_____

RELEASE IN FULL AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY BEFORE EXECUTING

In consideration for being allowed to participate in the Grotto activity captioned above, I do hereby forever release, discharge, indemnify, and agree to hold harmless the Central Ohio Grotto, its officers, members, volunteers, and activity organizers, and any other person or organization claimed to be responsible for or have any connection with the Grotto activity, for any injury or loss that I might sustain on the activity and any actions associated with the activity. **This Release is intended to release the parties referred to above from all liability and waive any claim from personal injury, property damage, or death occurring to me, whether caused by the negligence or other conduct of any of the released parties.**

Additionally, I also do hereby release the property or cave owners or managers and any party in any way associated with the property or cave from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury or loss, including death, that may be sustained by me while participating in any activity while on the property referred to above, whether above or below ground.

Grotto activities may include caving, ascending and descending on rope, hiking, rappelling, rock climbing, backpacking, canoeing, kayaking, slacklining, swimming, and other recreational activities. **I understand that Grotto activities – especially caving and caving-related activities – may be dangerous and may present risks of bodily harm, including the possibility of serious injury and death, resulting from but not limited to falls, entrapment, hypothermia, drowning, and other related risks which may or may not be obvious.** I am fully aware of the potential risks and hazards which may be present with or participating in the Grotto activity described above. **I hereby elect to voluntarily participate in the Grotto activity knowing such potential dangers, and I assume the risk of any injury, illness, or death.**

This Release shall be binding not just on me but any of my heirs, next-of-kin, or personal representatives of my estate in the event of my death. If any claim is presented against the released parties for any damages I might sustain, I agree that I will fully indemnify each and every released party as a result of any such claim.

This Release and Waiver will be governed by and construed under the laws of the State of Ohio without regard to conflicts of laws principles that would require the application of any other law.

Done this _____ day of _____, 20_____.

Participant Name:_____ Signature:_____ Address: _____ _____ Phone:_____ Email:_____ Emergency Contact Name:_____ Emergency Contact Phone:_____	If a participant is a Minor (under 18 years of age): Parent/Guardian also AGREES to the terms and conditions of this RELEASE and WAIVER. Minor Name:_____ Minor Date of Birth/Age:_____ Parent/Guardian Name: _____ Signature:_____ Phone:_____ Email:_____