

# **SPRINGFIELD PLATEAU GROTTTO**

## **Assumption of Risk and Liability**

I, \_\_\_\_\_ desire to participate in and with the activities of the Springfield Plateau Grotto (SPG). I understand that caving is a physically strenuous and hazardous activity, involving climbing, walking and crawling underground upon slick or crumbling surfaces at times in confined and constricted spaces, through cold water and in poor or no light. I further understand that there are the hazards of traveling in rough terrain, accident or illness in remote places, and the forces of nature and general risks of travel. I understand that the Springfield Plateau Grotto has no control or direction whatsoever of the activities in which I have or will participate in association with SPG.

Whereas, I plan to participate upon my own initiative in the activities set out above, and in consideration for being allowed to participate with SPG, I do hereby, for myself and all who may hereafter claim through me or for me, forever release and discharge the Springfield Plateau Grotto, its officers, members, and assistants from all claims, demands, actions, judgments and executions which I may have or acquire and subsequently claim to have against the foregoing for personal injuries and property damage I may sustain which arise out of or in connection with the above stated organization whether or not the accident or damage was caused by negligence of the SPG or any of its members.

Also, I further hereby covenant and agree with the above listed parties that no suit or action in law or equity shall be instituted for the above reasons by me or others in my behalf or in my right.

I have read the foregoing release and assumption of risk and liability and fully understand it. I execute it voluntarily and with full knowledge of its significance. By signing, I acknowledge receipt of a copy of this document.

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

(If above signee is under 18 years of age, signature of parent or legal guardian  
\_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness #2 \_\_\_\_\_ Date \_\_\_\_\_