



CUMBERLAND CAVERNS Adventure Trip Release Form

Please complete a Release Form
for each participating individual

ACKNOWLEDGMENT OF RISKS

I, the undersigned person request and am granted permission to enter Cumberland Caverns to participate in a Spelunking Adventure Trip. I am aware I will be crawling in relatively small passages, climbing up and down ladders, walking and crawling over loose and slippery rocks and walking through muddy passageways. Furthermore, I understand that certain risks and dangers exist in this activity which may result in serious injury. I am aware that in signing this document on my behalf, or on behalf of my minor child and/or ward, for participation in Cumberland Caverns' Adventure Trip that certain elements of the activity are physically and mentally demanding.

EXPRESS ASSUMPTION OF RISK AND PERSONAL RESPONSIBILITY

I confirm that I am physically and mentally capable of participating in the activity. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation. I confirm that I will stay within permitted areas, within my group and in close contact with Cumberland Caverns guide and/or staff members during my time in the cave.

RELEASE OF LIABILITY

In consideration of the service and facilities provided, I, for myself; and for my minor child, do hereby release, waive, and discharge Cumberland Caverns, their officers, employees, principals, directors, agents, and volunteers from any and all liability to the undersigned's personal representatives, assigns, heirs and next of kin, for any of any and all injury, disability, death, or loss or damage, to personal property.

SCOPE OF RELEASE AND INDEMNITY

The undersigned expressly agrees that this release is intended to be as broad and inclusive as permitted by the law of the State of Tennessee. Further, I give Cumberland Caverns permission to use photo and video taken at this facility in promotional materials.

I have read this document and I understand it is a release of all claims. I understand and assume all risk inherent. I voluntarily sign my name evidencing my acceptance of the above provisions.

Group Name: _____ Activity Date: _____ (please check one) Adult Child

Name: _____ Minor Child's Name (if under 18): _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Date Signed: _____

(Adults should sign for themselves. A parent or guardian should sign for minors)

1437 Cumberland Caverns Road, McMinnville, TN 37110, Phone: 931-668-4396, Fax: 931-668-5382, E-mail: info@cumberlandcaverns.com, web: www.cumberlandcaverns.com



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