

## RELEASE OF LIABILITY READ BEFORE SIGNING

For being allowed to use the Lone Star Preserve property and to participate in any way in the events and activities of the LOUISVILLE GROTTO OF THE NSS (fill in name)

\_\_\_\_\_ acknowledge that I understand, appreciate and agree that:  
please print

1. The risk of injury from the activities, involved in these caving activities is significant, including the potential for permanent paralysis and death, and, while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my participation; and,

3. I willingly agree to comply with any rules of the Louisville Grotto. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the Louisville Grotto immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Louisville Grotto, its officers, members, agents, insurers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,

5. I fully intend this Release to be valid for each of the times, now and in the future, that I use the Lone Star Preserve property and each of the times that I participate in any Louisville Grotto events or activities even though I may not have re-signed this or a similar Release.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PARTICIPANT'S SIGNATURE

For PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to, his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees, from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE EMERG, PHONE #(s), \_\_\_\_\_ Date Signed  
MAIL TO: P. O. Box 19768 Louisville, KY 40259

