



**STOP!!!**

**THIS FORM IS MANDATORY FOR PARTICIPATION!!!**

*(1) Form per every person in your group is required for check-in.*

**CUMBERLAND CAVERNS  
Adventure Trip Release Form**

Group Name: \_\_\_\_\_ Activity Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant is a(n): ADULT CHILD

Participant Name: \_\_\_\_\_

Participant's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print your name if signing below for a minor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please read the following carefully:*

**\*\*WARNING\*\***

**Under Tennessee law, an adventure tourism professional is not liable for an injury to or the death of a participant in adventure tourism activities resulting from the inherent risks of such activities, pursuant to Tennessee Code Annotated, title 11, chapter 11.**

**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.**

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**\*\*\*If you did not receive a copy of the overnight information packet, which tells you everything to expect on your overnight adventure, please see your group leader.**