

## BREATHING CAVE WAIVER FORM

We, the undersigned, realizing fully the dangers involved in cave exploration, hereby hold Joseph Lockridge, his family and heirs, harmless for any and all damages to person and/or property of the undersigned arising during our visit to and activities associated with Breathing Cave in Bath County, Virginia, and do in fact waive all rights to compensation for such damages and do agree to take care of the cave.

Signed this date \_\_\_\_\_

Signatures and printed names of all parties entering the cave:

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Caving organization \_\_\_\_\_

Party leader \_\_\_\_\_

Leader phone no. \_\_\_\_\_

Emergency phone no. \_\_\_\_\_

Leader address \_\_\_\_\_

Vehicle(s) make/model \_\_\_\_\_

Time expected out \_\_\_\_\_