

LAST NAME

PERMIT #

YEAR

CAVE OF THE WINDS

WILLIAMS CANYON PROJECT, NSS 2007-2010 PARTNER AGREEMENT

The Williams Canyon Project of the National Speleological Society, by its undersigned authorized representative, represents the undersigned to be a responsible caver and a qualified trip leader. All qualifications, regulations, and specifications are detailed in the "Rules and Regulations for Williams Canyon Project Trustees and Partners". The Project requests that the management of the Cave of the Winds allow this caver to lead trips into the caves noted below.

The undersigned has received and read a copy of the "Rules and Regulations for Williams Canyon Project Trustees and Partners" and is knowledgeable of all policies. The undersigned Trip Leader understands that 1) The management of the Cave of the Winds will be notified of any intended trip at least 48 hours prior to the trip; 2) The undersigned is currently First Aid and CPR certified and will remain certified throughout the term of this agreement; 3) The undersigned is currently a member of the National Speleological Society and will remain a member throughout the term of this agreement; 4) The undersigned will assure waivers for all caving participants are completely filled out, signed, and turned in prior to caving and that all participants have the equipment needed; 5) The undersigned is aware of emergency procedures and policy; 6) Cave of the Winds has the right to deny access to the property at any time and for any reason; 7) The undersigned will complete the caving log at the Cave of the Winds office both before and immediately following each trip; 8) The undersigned and the cave manager will set a mutually agreed-upon time to exit the property (usually 4:30 p.m.) and visits before or after normal operating hours must be arranged with the management at least 48 hours in advance; 9) This agreement will be valid for a 36 month period from the date of acceptance by the Cave of the Winds; 10) The undersigned agrees that Cave of the Winds, it's employees, and it's trustees are in no way responsible for injuries, illness, damages, death or losses to the undersigned; 11) This agreement may be suspended or revoked by the Williams Canyon Project or the management of the Cave of the Winds.

I have read, understand and agree to follow all of the guidelines and rules described in the Williams Canyon Project Rules and Regulations. I also understand that violation of any of the above rules or regulations may be cause for restriction from access to the caves of Cave of the Winds property and other Williams Canyon Project activities.

⊗ = OPTIONAL INFORMATION

SIGNATURE _____ PRINTED NAME _____

PRIMARY GROTTO AFFILIATION _____ ⊗ MOTHER'S MAIDEN NAME _____

ADDRESS _____ ⊗ DRIVER'S LICENSE NUMBER _____

CITY _____ STATE _____ ZIP _____ ⊗ CAVER'S PLACE OF BIRTH _____

PHONE (H) _____ (W) _____

E-MAIL _____

NSS NUMBER _____

EXPIRATION DATE _____

TRIP LEADER AUTHORITY

* By accepting permission to lead trips in each cave and/or cave section 1) the undersigned has turned in two letters of recommendation from current trip leaders in which to qualify he/she for trip leader status; 2) the undersigned agrees that he/she has completed the minimal number of training trips, 3) the undersigned is able to successfully maneuver through all permissible caves and/or sections of the caves with full understanding of his/her location at all times and must be thoroughly knowledgeable of the fastest and safest route out; 4) the undersigned is aware of and has met all individual cave requirements (i.e. potential dangers, tight squeezes, delicate formations, closed sections, etc.) and is aware of the inherent dangers for each cave.

CAVE OF THE WINDS SYSTEM

MANITOU GRAND CAVERN _____ SILENT SPLENDOR _____

LOWER CAVE/SO EXTENSIONS _____ CLIFFHANGER _____

HUCCACOVE CAVE

HISTORIC SECTION _____ MAMMOTH EXTENSION _____

BREEZEWAY CAVE _____ NARROWS CAVE _____

MANITOU CAVE _____ MINOR CAVES _____

SWIRLING MISTS CAVE _____

_____ CAVE _____

Trip Leader Signature _____

x _____
SIGNATURE OF GROTTA CHAIR/PRESIDENT

x _____
SIGNATURE OF WCP REPRESENTATIVE

C A V E O F W I N D S O F F I C E U S E O N L Y

DATE WAIVER RELEASE SIGNED AND ON FILE:

Date Access Granted _____

Manager Signature _____