

Caving Adventure Tour Agreement

Name of Group & Contact Person: _____

** Each participant must have a signed tour agreement. (See page 2)*

Tour Date & Time: _____

Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Cell Phone #: _____

E-mail Address: _____

TOUR RATES: 2 Hour Tour = \$25.00 per person

3 Hour Tour = 35.00 per person

**Tours must have a minimum of 3 participants. One adult participant per 10 students is required to accompany tour group. This person will receive a discounted admission.*

TOUR INCLUDES: Admission to the American Cave Museum (please allow extra time for the museum)

LOCATION: Tour leaves from the American Cave Museum, 119 East Main Street, Horse Cave, KY

TOUR DESCRIPTION: This is an educational tour designed to explore Hidden River Cave's fragile ecosystem, and to learn the cave's remarkable recovery story. The tour stresses the importance of cave safety and focuses on karst geology, cave formation and protection of cave resources and groundwater.

TOUR CONSIDERATIONS: **This tour should be considered very strenuous and includes bending and crawling. No one under the age of 12 admitted. Persons under 18 must be with a supervising adult and must provide a written permission slip from a parent of legal guardian. This tour is not recommended for anyone that has claustrophobia, breathing or walking difficulties, heart conditions or other physical impairments. Restrooms are not available inside the cave.**

EQUIPMENT REQUIRED: A helmet, headlamp and batteries are provided. Participants should expect to get wet and muddy and should wear a long sleeve shirt and/or sweatshirt, long pants and gloves. Kneepads are optional. Participants are required to wear boots with good tread and ankle support. **ANYONE NOT WEARING APPROPRIATE FOOTWEAR WILL NOT BE PERMITTED TO PARTICIPATE IN THE ADVENTURE TOUR!** Participants will need to bring two (2) sources of light, i.e. headlamps or flashlights and a change of clothing. **(Carbide lights are NOT acceptable)**

**A small pack for carrying a water bottle, snack and flashlight is recommended but not required.*

APPROPRIATE BEHAVIOR: Your tour guide will review safety procedures and proper conduct before the tour. It is expected that participants follow the guide's instructions at all times. Collection of anything in the cave such as rocks or cave animals is prohibited. Defacing the cave in any way is prohibited. Anyone behaving inappropriately will be immediately escorted from the cave. Tobacco and alcoholic beverages are not allowed in the museum or the cave. Persons who have consumed alcohol prior to the trip will not be allowed to participate in the tour.

PAYMENT: Full payment is expected on day of tour. You may pay by cash, check or credit card. U.S. Funds only. Checks must be drawn on U.S. Banks. Visa, Master Card and Discover credit cards accepted.

CANCELLATIONS: Cancellations must be made at least one (1) week in advance.

Caving Adventure Tour Agreement

Please read and sign this agreement prior to your scheduled tour. Participants under the age of 18 must have the signature of a parent/guardian.

You must have a signed Caving Adventure Tour Agreement in order to participate.

RELEASE OF LIABILITY: The undersigned specifically assumes all risk of bodily injury or death associated with the Caving Adventure Tour. In addition, the undersigned releases the City of Horse Cave, the William Austin family, American Cave Conservation Association, Inc., including its officers and employees from all claims for loss, damage or liability which might otherwise accrue to the undersigned because of his or her presence or activities on or under the lands of the City of Horse Cave or within the passages of, or going to or coming from Hidden River Cave.

Participant Name: _____
(Please print)

IMPORTANT: Please complete all information below. I have reviewed this agreement for the Caving Adventure Tour and understand all tour considerations and terms.

Signature(s): _____ **Date:** _____
(Participant and Parent/Guardian if under 18)

Address: _____

(Please print)

Emergency Contact Person: _____
(Please print)

Emergency Contact Phone #: _____