



BLOWHOLE CAVE - "MINORS" PERMISSION SLIP AND MEDICAL RELEASE

Revision date: 2/2010

Activity: **BLOWHOLE CAVE TRIP**

Date of Trip: _____

Sponsor: _____

Tour Leader: _____

Name of Minor: _____ Age: _____

Address: _____ City: _____ St: _____ Zip: _____

Permission and Release: I represent that I am a parent or guardian having legal custody or the legal guardian of the above minor child. I give my permission for my child to participate in the Blowhole Cave trip activity, which includes transportation and supervision by adult tour leaders. In consideration for my child's participation in this activity, I hereby, on behalf of my child, myself, our heirs, assigns and personal representatives, waive, release and forever discharge the School and Institutional Trust Lands Administration ("SITLA") owned caves, or the corresponding property, from which any liability may or could accrue to SITLA, its Executive Board, agents, representatives and employees, the Timpanogos Grotto and its leadership and members, the Cave Management Team, and the Cave Access Manager from any and all claims, including but not limited to claims for bodily injury, property damage, or death arising directly or indirectly from my child's participation in the activity, including injuries or losses caused by the ordinary negligence of the tour leaders and the ordinary negligence, gross negligence and willful misconduct of third parties including other participants in the activity, and further agree not to sue with respect to any claim for bodily injury, property damage, or death as a result of my child's participation in the activity.

I, on behalf of my child, myself, our heirs, assigns, and personal representatives, state that I am aware of the risks associated with caving. I have read and signed the "BLOWHOLE & SITLA OWNED CAVES RELEASE AND WAIVER OF LIABILITY AGREEMENT" and I am authorizing the participation of my child in the caving activity and I assume full responsibility for the risk of bodily injury, property damage, or death to my child while engaged in the activity due to the ordinary negligence of the Sponsor and the Tour Leaders, and the ordinary negligence, gross negligence, or willful misconduct of any third party including others participating in the activity.

I, on behalf of my child, myself, our heirs, assigns, and personal representatives, agree to indemnify, defend and hold harmless, at my sole cost, the Sponsor, the Tour Leaders, SITLA, its Executive Board, agents, representatives and employees, the Timpanogos Grotto and its leadership and members, the Cave Management Team, and the Cave Access Manager from any and all claims arising out of my participation in the activity.

Any provision or portion of this Minor Permission Slip and Medical Release found to be invalid by a court having jurisdiction shall be invalid only with respect to such provision or portion thereof, and then only to the extent necessary to avoid such invalidity. The offending provision or portion shall be modified to the maximum extent possible to confer upon the parties that benefits intended thereby. The provision or portion as modified and the remaining provisions or portions hereof shall be construed and enforced to the same extent as if such offending provision or portion thereof had not been contained herein, to the maximum extent possible.



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Medical Release: I affirmatively state that my child is in good health and has no known physical or mental conditions which would impair or restrict his/her participation in the caving activity. Pertinent general medical information and conditions concerning my child are as follows:

(Please list disabilities, allergies, health or activity limitations, etc.)

In the event my child suffers sudden illness, accident, or injury, I give permission and authorize the Trip Leader to provide emergency aid and to provide or authorize such emergency transport and medical treatment that is deemed necessary by a paramedic, search & rescue, emergency medical technician, physician, or dentist (health professional). In the event hospital treatment is deemed advisable by the health professional, and the Trip Leader is unable to reach the parents or legal guardian or the emergency contact listed below, I authorize the hospital or urgent care facility most assessable at the time of accident or during the illness to administer any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or temporary emergency care which is deemed advisable and may be rendered under the general and special supervision of any physician and surgeon on the medical staff of said hospital or emergency care facility, whether such diagnosis or treatment is rendered at the hospital or emergency medical facility or at the office of the physician.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of Tour Leaders to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned health professional in the exercise of his/her best judgment may deem advisable.

Family physician – Health Care Organization _____ Phone () _____

Emergency Contacts other than parent or guardian listed above:

- 1. Name _____ wk phone () _____ hm phone () _____
- 2. Name _____ wk phone () _____ hm phone () _____

Medical Insurance Company/HMO: (if other than above): _____

Policy No: _____ Phone () _____

I agree with the provisions of this "Minor Permission Slip and Medical Release Form" and authorize the participation of my child.

Print Name _____ Relationship to Minor _____

Signature _____ Date: _____

Print Name _____ Relationship to Minor _____

Signature _____ Date: _____