



# THE COLORADO GROTTO, INC.

## APPLICATION FOR MEMBERSHIP



Applicants **MUST** read and sign Release of Liability on the lower half of this form.  
(Not required for Subscription only category.)

Membership Categories: (choose one)

Membership in Colorado Grotto (With Rocky Mountain Caving)	\$26.00	_____
Family Membership (One Copy of Rocky Mountain Caving)	\$30.00	_____
Subscription only to Rocky Mountain Caving	\$16.00	_____
Membership in Colorado Grotto (No Rocky Mountain Caving)	\$10.00	_____
Family Membership (No Rocky Mountain Caving)	\$14.00	_____

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

Mailing Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you an NSS Member? YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES** then  
NSS Number: \_\_\_\_\_

**Complete and return form to:**

Colorado Grotto  
P.O. Box 101091  
Denver, CO 80250-1091

Make checks to **The Colorado Grotto**

If this is a family membership, please list additional members: \_\_\_\_\_

This is a gift subscription from: \_\_\_\_\_

### RELEASE OF LIABILITY

By signing below, I acknowledge that all activities sponsored or conducted by The Colorado Grotto, Inc. ("CG") may be hazardous and may result in loss, damage, or death.

With full knowledge of these dangers, I hereby agree for myself, all of my family, and heirs, to RELEASE the CG and any of its representatives or agents from liability, claims, demands or any cause of action and NOT TO SUE OR OTHERWISE MAKE ANY CLAIM of the CG or any of its representatives or agents whatsoever which may arise during my participation in any activities of the CG.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death RESULTS FROM NEGLIGENCE of the CG or and of its agents, leaders, instructors, guides, officers, directors or representatives. I understand that negligence means failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do under the same circumstances, to protect himself, herself or others from injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities of the CG.

Signature \_\_\_\_\_ Date \_\_\_\_\_

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN BELOW:

I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of the CG on the terms stated.

Signature (Parent or legal guardian) \_\_\_\_\_ Date \_\_\_\_\_