LAST NAME PERMIT # YEAR

## CAVE OF THE WINDS WILLIAMS CANYON PROJECT, NSS

## 2025-2026 TRUSTEE 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 allows 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 must be notified of any intended trip at least 48 hours prior to the trip.
- 2) The undersigned must be currently First Aid and CPR certified and must remain certified throughout the term of this agreement.
- 3) The undersigned must be currently a member of the National Speleological society and must remain a member throughout the term of this agreement.
- 4) The undersigned must ensure waivers for all caving participants are filled out, signed, and turned in prior to caving and that all participants have the equipment needed.
- 5) The undersigned must be 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 must 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 must 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 shall be valid for a 12-month period from the date of acceptance by the Cave of the Winds.
- 10) The undersigned must participate in at least three trips and actively lead a minimum of one trip per year to the caves of Williams Canyon to maintain active status.
- 11) The undersigned agrees that Cave of the Winds, its employees, and its trustees are in no way responsible for injuries, illness, damages, death, or losses to the undersigned.
- 12) 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.

PRINTED NAME				
PRIMARY GROTTO AFFILIATION				
ADDRESS				
CITY				
PHONE (H)		_ (W)		
E-MAIL				
NSS NUMBER				
EXPIRATION DATE				_
SIGNATURE				

## 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

III MANITOLI GRAND CAVERN	□ SILENT SPLENDOR
□ LOWER CAVE/SO EXTENSIONS	_
HUCCACOVE CAVE	
☐ HISTORIC SECTION	_
□ NARROWS CAVE	□ MANITOU CAVE
□ MINOR CAVES	_ □ SWIRLING MISTS CAVE
□ CAVE	
Trip Leader Signature	
SIGNATURE OF GROTTO CHAIR/PRESIDENT	
SIGNATURE OF WCP REPRESENTATIVE	
CAVE OF WIN	DS OFFICE USE ONLY
DATE WAIV	ER RELEASE SIGNED AND ON FILE:
Date Access Granted:	
Manager Signature:	