

The Eastern Indiana Grotto

A Chapter of the National Speleological Society, Inc.

Name: _____ Age: _____
Address: _____ Occupation: _____
City/State: _____ NSS Number: _____
Home Phone: (____) _____ Birth date: _____
Work Phone: (____) _____ Are you an NSS Member? YES ___ NO ___

Interests: (Check all that apply)

Conservation ___ Photography ___ Biology ___ Rock Climbing ___
Geology ___ Vertical ___ Mapping ___ Organizing ___
Electronics ___ Archeology ___ Other ___
Explain Other: _____

Have You ever been a member of the EIG Before? YES ___ NO ___

Are You presently a member of another Grotto of the NSS? YES ___ NO ___

If Yes, Please give Grotto Name (s): _____

If Yes, will the EIG be your Primary Grotto? YES ___ NO ___

By signing this application, applicant agrees to abide by the cave conservation policies of the National Speleological Society, Inc. and the Eastern Indiana Grotto :

Signature: _____ Date: _____

I, _____ of _____
(Name) (City / State)

understand the risks involved with Caving and the Caving – Related activities of the Eastern Indiana Grotto and hereby agree to assume all responsibility for myself and for my property. I agree for myself and for my heirs, personal representatives, or assigns, to indemnify and hold harmless the National Speleological Society, Inc. ; The Eastern Indiana Grotto and all members thereof; and the owner (s) and/or managers of any caves in which I go Caving, from any and all claims arising from risks which are voluntarily assumed.

Signature: _____ Date: _____

Witness: _____

Date: _____

Date: _____

Parents Signature: _____

Witness: _____

(If Under 18)

Date: _____

Date: _____