

## Illinois Caverns State Natural Area Cave Exploration Permit Application

All blanks must be completed and printed legibly:

Name:		Vehicle Plate #	
Address:		Phone #	
City:	State:	Zip Code:	
Organization / Group:	Number	of persons entering cave:	
April through October, Wednesday throu	igh Sunday from 9:00 a.ms of operation or call 618-785-25	rmits, Illinois Caverns is typically open season 4:00 p.m. Please be sure to check the w 55 or 618-458-6268. No one is permitted to enter	vebsite at
Group Size: Minimum of 4 persons. Groups of Joseph.Middleton@illinois.gov. Youth groups		submitting the completed permit prior to arrival vi	ia email to
Smoking, alcoholic beverages, fires, litteri materials may not be disturbed or removed. allowed. Nothing is to be left inside the cave.	ng and camping are prohibited Only refillable type of drinking	at Illinois Caverns. Any natural, geologic, or containers may be used, no aluminum or glass b	biological bottles are
Due to high levels of bacterial coliform in the	cave do not drink any water or exp	ose open wounds to the caverns waters.	
The applicant agrees to use adequate safety e sole, and suitable protective clothing. The u		vered sources of light, appropriate footwear wit ve head gear is required.	th treaded
exempts and releases any and all landowners as damages to person or property which may be su	nd their heirs, tenants, agents and en stained by the applicants, whether applicant further agrees to protect,	plicant hereby waives all right to file any claim, and ployees from all claims due to accidents, injuries, so or not due to negligence including gross negliging indemnify and hold harmless said landowners, including and expenses in connection therewith.	sickness, or gence as a
	with his/her usage of the area and	tially wild, unimproved cave system, that he or sh that there may be hidden, as well as apparent dan ed to visit the premises or enter the cave.	
In the case of unsafe caving conditions, the cave	e will be closed by site staff.		
CAVE USE IS LIMITED TO ILLINOIS DEPAR	TMENT OF NATURAL RESOUR	CES PROPERTY BOUNDARIES.	
The applicant hereby declares that he or she conditions.	fully understands the conditions of	of this permit and that he or she voluntarily account	cepts said
Applicant's Signature:		Date:	
Signatures of parents or guardians if	applicant is under 18 years	of age:	
		Date:	
Permit approved / disapproved by IDNR Staff:		Date:	