Instructions: Once the trip leader has scheduled a cave trip with the Access Coordinator, each trip participant *must* complete all parts of the below form and return it to the Access Coordinator before the established deadline that was communicated to the trip leader.

WHITE-NOSE SYNDROME TRAINING ACKNOWLEDGMENT

In consideration for permission to enter the below DNR cave(s) on the designated date, I attest that I have completed the WNS Training Module, understand the required decontamination procedures, and will follow those procedures prior to and following the authorized trip. This includes using/wearing only clean clothing, boots, and gear on the cave trip, properly bagging clothing and equipment after the trip to avoid contaminating vehicles, and properly cleaning/ decontaminating all clothing, boots, and gear after the trip. These procedures are necessary precautions to prevent the spread of the White-nose Syndrome fungus by humans to uncontaminated caves and regions.

Signed: ______ Date: ______

- □ I am 16 years of age or older (12 years of age or older for Endless Cave)
- □ I am not the minimum age required, but have been granted access through the trip leader and the Interim Access Coordinator.

DNR CAVING PERMIT

The "trip leader" is the person who previously contacted the Access Coordinator to arrange the trip. Vehicle information in the red box only needs to be completed by the potential driver(s) within the group. If you are not sure who is driving, fill it out.

Indiana Department of Natural Resources Daily Caving Permit	
Cave name/location:	
Planned Trip Date//	
Name:	No. in caving group: ————————————————————————————————
Address:	
	State: ZIP:
Anticipated time in ar	am/pm Estimated time out: am/pm
Vehicle make:	Color:
License Plate #:	State:
In case of emergency, contact: (Name & phone number):	
Additional comments:	
(form revised for Interim Cave Access Program)	