



**CLEAN CAVING  
PERMIT QUESTIONNAIRE AND COMPLIANCE STATEMENT**

Due to concerns regarding the possible inadvertent introduction of foreign substances, including the fungus responsible for White Nose Syndrome (WNS) (*Geomyces destructans*), into caves owned or managed by the Southeastern Cave Conservancy, Inc. (SCCi), the SCCi Board of Directors has instituted some new requirements for access to our caves that require permits.

The SCCi takes clean caving very seriously. In choosing to keep some preserves open, we must be more proactive in our management. This includes collecting data about visitors to our preserves and advising all visitors of the importance the SCCi places on following clean caving practice.

Thank you for your understanding and compliance with these requests and procedures. We are doing our best to balance the management and protection aspects of cave conservation in accordance with the SCCi mission and purpose. We appreciate your help and your continued support of the SCCi.

Please complete the following (use additional pages if needed):

**Complete Personnel List and Recent Caving Experience**

	Name	Residence (City, State)	In the past two years, have you visited any caves that are currently WNS-positive?		Name	Residence (City, State)	In the past two years, have you visited any caves that are currently WNS-positive?
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

**Compliance Statement**

I have read, and have advised all participants of, the SCCi Cave Visitation Policy. All participants hereby agree to comply with the requirements of the policy, including the Clean Caving Procedures, and understand that future permits to **any of us** may depend on full compliance by **all of us**.

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Signature of Trip Leader                      Printed Name                      Date