



SOUTH AFRICAN NATIONAL PARKS ACTIVITY INDEMNITY FORM

Trails are from ages 12 to 65 years (*excluding Olifants River Trail that requires the ages 16 to 65*). 65 years and older would require a letter (*not older than 30 days*) from a recognized medical practitioner certifying the health status.

Park/Camp:	POSTAL/RESIDENTIAL ADDRESS
Activity:	
Full Names:	
Company Name:	

❖ **I, the undersigned, hereby acknowledge that:**

1. I voluntarily agree to participate in the above mentioned activity organized and conducted by SANParks in a national park under its jurisdiction
2. My general health is good and there is nothing that renders me unfit to undertake the above mentioned activity (***due to the rough bush terrain and potentially dangerous animals, this activity requires good health, a high level of fitness and response***).
3. I understand and reasonable foresee that there are risks and dangers involved:
 - 3.1 **The risk of being transported:**
I understand that transport will be supplied by SANParks and that participants will set out in an open vehicle and be subjected to the natural elements;
 - 3.2 **Traveling on foot:**
I understand that I will travel on foot where dangerous animals could be a risk;
 - 3.3 **Camping in the open:**
I understand that participants will camp in the open and could be subjected to the natural elements and dangerous animals.
4. I, as a participant in this activity (together with my heirs), hereby indemnify SANParks against any claim, action, judgment, costs and/or expenses which I could have claimed if I had not signed this indemnity clause.
5. SANParks accepts no liability for death, injury, illness or loss or damage to property arising out of my participation in the above mentioned activity from any cause whatsoever.

SIGNED BY CLIENT

Participant Details:						
Age		Gender	M		F	Nationality
Contact Number					Occupation	
Allergies (food, medicines, grasses, insect etc). If Yes, please specify below						
Are you suffering or have you recently suffered from any illness which should be brought to the attention of the Ranger/Guide? If Yes, please supply details.						
Any other information which you feel is relevant.						
Special interest (e.g. botany, insects, birds, etc).						
SIGNATURE				On the		Day of 20-----
Witness:				Witness:		
Signature				Signature		

6. TO BE COMPLETED IN CASE OF A MINOR(S)

I do hereby certify that I am the parent/legal guardian of the following minor participant(s):

FULL NAME: MINOR PARTICIPANT/S	NAME: PARENT / LEGAL GUARDIAN	SIGNATURE OF PARENT/LEGAL GUARDIAN
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

I do hereby verify and confirm the acknowledgement and indemnity given above. I have no objection to the minor(s) participating in the above mentioned activity organized by SANParks.

SIGNED BY CLIENT/GUARDIAN