



SOUTH AFRICAN NATIONAL PARKS DISCLAIMER NOTICE AND IDEMNITY FORM FOR ACTIVITIES

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

	Postal / Residential address
Park / Camp:	
Activity:	
Full Name:	
Company Name:	

IMPORTANT: A MUST READ

I, the undersigned, hereby acknowledge that I/we are entering an area under the jurisdiction of South African National Parks (SANParks).

I/we understand that I/we could be exposed to natural elements, dangerous animals, reptiles and/or insects and even criminal activity owing to possible poaching, any of which could be a risk to my/our safety.

I/we understand that the abovementioned risks may cause serious injury and could possibly even result in my/our death and accept such risk(s).

I/we also understand that I/we will be using man-made apparatus and infrastructure and while SANParks takes reasonable steps to maintain such apparatus and infrastructure, it may nevertheless be unsafe.

I/we understand and appreciate fully that there are risks involved, and undertake to take all due care to stay safe.

I/we will not hold SANParks, its Board members, Directors, employees and agents liable for any loss or damage:

- To the property or possessions of any guest or resident (or accompanying minor) even if such damage is caused by a negligent act or omission by SANParks or its employees or its agents;
- Arising from death or bodily injuries of whatsoever nature sustained by a guest or resident (or accompanying minor), even if such injuries are caused by a negligent act or omission by SANParks, its employees or its agents, or by the defective functioning of any infrastructure or apparatus.

I/we, as a guest or resident, hereby indemnify SANParks against any claim, action, judgment, costs and/or expenses which I/we could have claimed against SANParks if I/we had not signed this indemnity.

I/we also confirm that all the people booked under my/our name, or travelling with me/us are also aware of these terms and have allowed me/us to agree to them on their behalf.

I grant permission that I/we may be included into media footage or photography while participating in SANParks' activities which may be distributed for marketing purposes at SANParks' discretion.

SIGNED BY CLIENT

PARTICIPANT DETAILS

Age:		Male:		Female:		Nationality:	
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Allergies (food, medicines, flora, insects etc.) If any please specify below:

Any other information that you feel is relevant.

Any special interests that you would like to bring to our attention: botany, bird insects?

TO BE COMPLETED IN THE CASE OF A MINOR(S)

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

NAME	ADDRESS	MINORS (NAMES)	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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

Signature _____ On the _____ day of _____ 20____

Witness Signature: _____

Witness Signature: _____