

Antjie se pad DISCLAIMER NOTICE AND IDEMNITY FORM FOR ACTIVITIES

Trails are from the ages 12-65 years. 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

Full Name:

IMPORTANT: A MUST READ

I, the undersigned, hereby acknowledge that I/we are entering a Wilderness area/working farm

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

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

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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 Witteklip property trust, or its employees or its agents;

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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 Witteklip property trust, its employees or its agents, or by the defective functioning of any infrastructure or apparatus.

I/we, as a guest or resident, hereby indemnify Witteklip property trust, against any claim, action, judgment, costs and/or expenses which I/we could have claimed against Witteklip property trust, 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 Witteklip property trust activities which may be distributed for marketing purposes at Witteklip property trust discretion.

SIGNED BY CLIENT.....

WITNESS.....

ANTJIE SE PAD NATURE WALK INDEMNITY AND RELEASE OF LIABILITY & SIGN-UP FORM

Date of walk _____

Guest's name/s (Legal guardian to sign for kids under the age of 18 years)

1) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

2) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

3) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

4) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

5) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

6) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

7) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

8) Name & Surname

Age _____

Health notes or special instructions _____

Signature.....

Antjie se pad manager

Name & Surname _____

Signature _____

Date _____