

KAROO-RIVER-RAFTING
INDEMNITY

Date:

I the undersigned
(Full Name).....

Of address
(Physical address).....

.....
(Postal address).....

.....
Telephone:.....Cell phone:.....

Email address:

Medical aid:Membership nr:

Date of birth: AGE: (TO BE ASSISTED BY A LEGAL GUARDIAN IF STILL A MINOR)

Do you have any medical conditions that we should know of? Yes or No.

If yes, please specify:

In case of an emergency:

Contact person:Telephone:

INDEMNITY

To keep indemnified and hold harmless all employees, agents or representatives of Karoo-River-Rafting from any cause arising from my partaking in any activity or the use of all equipment supplied by Karoo-River-Rafting.

ACKNOWLEDGEMENT

I acknowledge that I am fully aware of and appreciate the risk involved in my partaking in extreme adventures and more in particular with reference but not limited to: Hiking , River Rafting & Tubing.

VOLUNTARY

I acknowledge that my partaking in this event is voluntary.

INDEMNITOR SIGNATURE:

GUARDIAN IF APPLICABLE:

WITNESSES: 1) 2).....