



AFRICAN WILD ADVENTURES
OLIFANTS RIVER ON-FOOT ADVENTURE
WAIVER AND INDEMNITY

I the undersigned (full names) _____
Residential Address : _____
Landline No : _____
Mobile No : _____
E-mail Address : _____

do hereby acknowledge that I voluntarily agree to participate in the AFRICAN WILD ADVENTURES ON-FOOT ADVENTURE from the ____day of _____ 20____ to the ____day of _____ 20____ and agree to assume all the risks connected to or arising from this adventure.

In addition, I understand and appreciate that the 4-day 3-night hike along the Olifants River in the Kruger National Park which constitutes a part of the ON-FOOT ADVENTURE is a perilous trail and that there may well be dangers involved with moving on foot amongst wild animals. I understand that I will be camping out in the open and will be exposed to the weather and dangerous animals. I acknowledge that the tracker is in command for the duration of the hike and I will follow his lead.

I together with my heirs, executors and administrators hereby release AFRICAN WILD ADVENTURES, its board members and any employee, representative or contractor against any and all liabilities and claims that could accrue to me or my heirs, executors and administrators due to illness, injury, death, loss of or damage to property arising out of my participation in the ON-FOOT ADVENTURE or in any related activity irrespective of whether such claim or claims arose as a result of any act or omission (whether by negligence or not) of any person or from any cause whatsoever.

AFRICAN WILD ADVENTURES accepts no liability for death, injury, illness, loss or damage to property arising out of my participation in the ON-FOOT ADVENTURE from any cause whatsoever.

I acknowledge that I am physically fit and I do not believe there is anything that should prevent me from participating in the AFRICAN WILD ADVENTURES ON-FOOT ADVENTURE.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20____

SIGNED

WITNESS