# GENERAL INDEMNITY FORM (ACCIDENT WAIVER & RELEASE OF LIABILITY)

Kindly complete all fields and hand over to your guide before your activity begins.

FULL NAME:

DATE OF ACTIVITY:

CELL NUMBER:

EMERGENCY CONTACT PERSON:

EMERGENCY TEL NO:

MEDICAL AID PROVIDER & NUMBER:

MEDICAL CONDITIONS/ ALLERGIES:

ID NUMBER (PASSPORT NO. FOR NON SA RESIDENTS):

Please read before filling in & signing the indemnity form.

I hereby assume all of the risks in participating in any/ all activities associated with South Africa Surf Tours Pty (Ltd) (Reg: 2018 / 344795 / 07), Ruan de Bruin (8905165112089) or Tracey Roberts (9109200011088), including but not limited to: any risks that may arise from negligence or carelessness on the part of South Africa Surf Tours Pty (Ltd), its directors, officers, employees, volunteers, agents, contractors and representatives Ruan de Bruin and Tracey Roberts (the 'TOUR OPERATORS').

I certify that I am medically fit, and have not been advised by a qualified medical professional to not participate in such activities. I certify that there are no health-related reasons which preclude my participation in this activity.

I acknowledge that this Accident Waver and Release Liability Form (AKA 'General Indemnity Form') will be used by the tour operators and organisers of the activity in which I may participate and that it will govern my actions and responsibilities at and after such activity.
Please read before filling in & signing the indemnity form.

In consideration of my application and permitting me to participate in this activity, I hereby take responsibility for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(a) I WAVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Tour Operators for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, including their directors, officers, employees, volunteers, representatives, and agents, sponsors, and volunteers;

(b) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Tour Operators or other entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether by the negligence of the releasees or otherwise.

I acknowledge that the Tour Operators and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific activity or providing services on their behalf.

I acknowledge that this activity may involve a test of a person's mental and physical limits and carries with it the potential for death, serious injury, and property loss. They include, but are not limited to, those caused by terrain, facilities, temperature, weather, conditions or participants, equipment, vehicular traffic, lack of hydration, wild animals and actions of other people including, but not limited to participants, volunteers, tour directors, guides, and others involved in delivering the activity to me. These risks are not only inherent to participants but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Tour Operators.

The accident waiver and release of liability form (AKA General Indemnity Form) shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

_____ _____ _____

Participant's Name Date Participant's Signature

(If under 18 years old, parent or guardian must also sign)

_____ _____

Parent/ Guardian Signature Date