KHASA
WILD ADVENTURES
WHAT YOU PUT IN IS WHAT YOU GET OUT!

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Mtambalala, A/A , P.O. Box 128, Port St Johns, 5120

PERSONAL INDEMNITY:

In pursuing to participate in a 'Pondo Trail' hiking adventure conducted by Khasa Wild Adventures:

I(full name)……

ID/Passport no……

Residential address……

Confirm my participation in a Khasa Wild Adventures tour is entered into voluntarily. I further declare that my insurance and medical aid details given to Khasa Wild Adventures, in case of an emergency, are true and correct.

I accept and voluntarily assume the risk inherent in taking part in such a hike and I, together with my heirs; executors and administrators, hereby release Khasa Wild Adventures; its owners, servants, agents and representatives, from any duty or care towards me, in connection with my participation in any tour, and from liability from any claims that could accrue to me or my heirs, executors and administrators in arising out of my participation in the tour or any related activities irrespective of whether such claim or claims arose through the negligence of any person, or from any of the risks, dangers or hazards inherent in a hiking tour in South Africa, or of any loss of, or damage to, any property from any cause whatsoever and I further indemnify and hold harmless associated persons against any claims howsoever the same may arise.

Confirm that my general health is good and that there is nothing which renders me unfit to undertake a multi day hike. I warrant that I have valid travel and medical insurance for the duration of the tour. Should I have any medical reason whatsoever that may have an impact on my health I will disclose this to Khasa Wild Adventures in writing and will provide a letter from a physician giving clearance to participate in the activities.

Confirm that I understand and appreciate fully that there may well be risks, hazards and dangers involved to which I could be subjected to, more particularly:
a/ I will be hiking on gravel roads, and cattle paths along cliff edges at times. Motor and other transport as well as cattle and other domestic animals will also be using these roads/paths and that it is my responsibility to walk safely on these roads/paths. Gravel roads are uneven and rocks and other foreign objects may be on the roads/paths. There may be holes and sand on the roads/paths. It is my sole responsibility to make sure that I walk safely under any circumstances.
b/ I am aware that I may fall or have an accident and that I will be personally responsible for any medical, legal or other costs because of such an incident
c/ I am aware of the potential dangers of exposure to the sun, directly or indirectly and that serious sunburn may result from unprotected exposure.

I am aware that due to bad weather, hiking can become dangerous and that the tour may need to be cancelled. I agree with the T&Cs with regards to the refund policy under these circumstances. I understand that we will be hiking in a remote area, where cell phone signal is not available for the majority of the tour, and as a result, it may take some time for help to arrive in case of an injury or emergency.

Hikers may become lost or separated from their guide or group and agree that they (you) can walk independently in such circumstances. To facilitate communication en route each hiker is given the guides and logistics managers cell phone numbers.

Khasa Wild Adventures reserves the right to make changes to the itineraries described in the program. Changes can be made due to local weather conditions, bad road conditions, room availability, or simply to improve a tour. Any significant change will be promptly notified to participants.

I have read and understood the above conditions & I fully accept them and indemnify Khasa Wild Adventures, Mtambalala, A/A , P.O. Box 128, Port St Johns, 5120 , it's employees and suppliers in respect of any loss, damage, or injury (direct or consequential) which I may sustain arising out of my participation in this hike, regardless of whether the same is due to the negligence, (gross or otherwise) of the indemnified.

Signed at …… , this day …… of …… , 20…….

…… ……

Participant's Full Name Participant's Signature

Witness 1 …… …… Witness 2…… ……
Name Signature Name Signature