

1 Accommodation Dates:

Farm Vellefontein Rooiberg Limpopo South Africa

Tel: +27 (0) 14 001 7044 +27824665034 e-mail: wildtrade@outlook.com VAT no. 4210156289 Co reg no. IT3305/95 GPS co-ordinates \$24\*50.373' E27\*46.819'

## **INDEMNITY FORM**

1.1	Commencement Date		/2019		
1.2	Last day of Stay		/2019		
2 Nun	nber of persons in party:				
2.1	Adults:				
2.2	Minors:				
3 Full	Names of persons:				
1	Full Name	Email address	ID Number / DOB	Cell	<u>Signature</u>
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_	Full Name	Frank adduses	ID November / DOD	Call	Simontum.
	Full Name	Email address	ID Number / DOB	<u>Cell</u>	<u>Signature</u>
<u>3</u>	<u>Full Name</u>	Email address	ID Number / DOB	<u>Cell</u>	<u>Signature</u>
4	Full Name	Email address	ID Number / DOB	<u>Cell</u>	<u>Signature</u>
5	Full Name	Email address	ID Number / DOB	Cell	<u>Signature</u>
6	Full Name	Email address	ID Number / DOB	Cell	<u>Signature</u>
0	<u>ruii Name</u>	Elliali address	ID Nulliber / DOB	Cell	<u>Signature</u>
7	<u>Full Name</u>	Email address	ID Number / DOB	<u>Cell</u>	<u>Signature</u>
<u>8</u>	Full Name	Email address	<b>ID Number / DOB</b>	<u>Cell</u>	<u>Signature</u>
9	Full Name	Email address	ID Number / DOB	Cell	<u>Signature</u>
10	Full Name	Email address	ID Number / DOB	Cell	<u>Signature</u>
10	Tun Name	Linan address	ID Number / DOD	<u>cen</u>	Signature
	and a manufacture to the said and a manufacture to		$\neg$		
+ Бер	osit amount to be paid on approval:				
Rea	uested on this the day of	20			
By:		Being the responsible party			
		_			
	Signature				
	Approved by Signature	_			
		INDF	MNITY FORM		

## INDEMNITY (WAIVER OF RISK):

I/We enter this property and participate in any or all activities at my/our free will and own risk and further indemnify and absolve the Principal and / or any natural person/juristic person or otherwise, its Management,

Principals, Agents and Staff members of any damage and /or loss to my/our personal property, physical injury or death (including that of my spouse, children or guests under my supervision or authority). I/We take full

responsibility for the safety of the aforesaid persons and consent to and agree that the Principal, its Management, Principals, Staff members or Agents will not be held responsible or liable for any accident or incident or

resultant medical or emergency care resulting from our attendance on the Property. Right of Admission is reserved.

All person/s, guest/s, and/or parents / guardians / responsible persons of minor children and/or mentally ill, in addition to the aforesaid, hereby indemnify the Principal against any claims which may arise from whatever

nature including but not limited to theft, injury, loss, death or damage, whether arising from the Principal's default, negligence or otherwise.