

MOZAMBIQUE BEACH HIKE - 2007

Please complete the form below and post to: Jill Salt, P.O. Box 375, Sabie, 1260.

SURNAME: _____ FIRST NAME: _____

I.D. NUMBER: _____ CELL PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

POSTAL ADDRESS: _____

By joining the trip, you agree that you do so entirely at your own risk.

MEDICAL DETAILS: Medical Aid: _____

Medical Aid Number: _____ Main Member Name: _____

Doctor's Name: _____ Doctor's Phone Number: _____

EMERGENCY CONTACT DETAILS: Name: _____

Cell Phone: _____ Other Phone Number: _____

INDEMNITY FORM

I (full name) _____

Residential Address _____

Do hereby warrant and acknowledge:

1. that my general health is good and there is nothing which renders me unfit to undertake the Mozambique Beach Hike;
2. that I understand and appreciate fully the fact that there may well be risks, hazards and dangers involved to which I would be subjected, particularly to sharks, poisonous snakes, spiders, insects and other natural hazards;
3. that I am aware that I will be entering a high risk malaria area.

I voluntarily assume the risk inherent in taking part in the Mozambique Beach Hike and I, together with my heirs, executors and administrators hereby release Jill Margaret Salt, and her representatives, from any duty or care towards me, in connection with my participation in the trip, and from liability from all or any claims that could accrue to me or my heirs, executors and administrators arising out of my participation in the trip or in 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 the trip, 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.

Signed at this day of 200....

Signed: