**INDEMNITY**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full names and surname), ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, in my personal capacity and resulting from my participation in the hiking activities at Kloovenburg, indemnifies Kloovenburg against liability and hereby waive any and all claims for:
   1. Personal injury, bodily harm, death or any injury to myself and/or my minor children.
   2. Damage to my property and/or any other personal or financial damage.
   3. Loss of whatever nature and suffered or sustained in whatever way by me.
2. Whether the above is caused directly or indirectly by negligence of the staff of Kloovenburg, or resulting from activities on the hiking trail, or attack by or encounter with insects, reptiles and/or animals.
3. I am fully aware that I am responsible for my own public liability cover to protect me if a member of the public suffers personal injury or property damage because of my behaviour or actions or those of my minor children.
4. This indemnification is not a waiver of any rights or claims, which I may have against any other party or institution which is not mentioned herein, against whom I may have a legal claim.
5. I hereby take full responsibility for the minor child/ren who accompany me on a hike and whose name is mentioned below.

Cell nr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person name 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and telephone nr in

case of emergency: 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on this\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Names of minor children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_