



PERSONAL, MEDICAL AND INDEMNITY FORM

Personal Information

Form with fields for Full Names and Surname, Nickname, Address, Cell Phone, Gender, Current Age, Birth date, ID Number, E-mail, and Camp / Group Name.

Medical and Consent Information

Form with fields for I* (Full Names of Parent / Legal guardian), Address, Phone #, and Email.

I* hereby appoint and authorise the Management and organisers of this Organization*** to act in my place as guardian with full authority and consent to myself/son/daughter undergoing surgical and or other medical treatment. I* also undertake to pay the cost of such treatment.

I* fully understand and accept that all activities** are undertaken at my/their own risk. I* voluntary assume the risk and am aware that such activities are to take place in the harsh outdoor environment of South Africa, and agree that being such type of event/ activities inherent dangers and certain elements of unpredictability that accompany the excitement contained in activities** all aspects of it.

I* agree to indemnify and keep indemnified the Organization*** from any claims whatsoever and agree that I* shall not hold the Organization*** it's owners, staff, management or any other person forming part of this group/event in any way liable for injuries, mental anguish, or loss of any kind whatsoever or howsoever caused during these activities**. And further agree that I* will abide to all instructions issued by the leadership/facilitator/marshal or manager of this activity**.

I* consent that as a participant in the organization*** taking part in all activities** I have ensured the participants willingness to participate in all aspects of the activities** offered.

I* also agree to pay for all damages, repairs caused to activity** and organizations*** items caused by negligence or ignorance as by partaking and receiving instruction I am assuming knowledge of operation of such assets / event. The cost of repairs will exclude normal wear and tear of equipment.

I* consent that as a participant in the organization*** taking part in all activities** any photo's, video's taken and or used be it for marketing, advertising, social media and all aspects of said publications will constitute respect and dignity of person and not be exploitive in accordance with the boundries set out in the "child protection policy"

I* acknowledge and understand all that is mentioned in this indemnity and that all is at my/our own risk.

Participant to Sign: _____, and agreement of guardian if under 18 years of age. _____

Definitions I* meaning myself together with my heirs, executors and administrator, as well as any other person partaking in the event whether individually or as a group.

Activity** meaning: events, courses, studies, adventures, equipment, and all items required for the above mentioned to take place. All activities offered by this organization*** whether on this or surrounding properties if needed.

Organization *** is inclusive of Life Adventures, Klein Paradys, it's suppliers, organizers, or any person / company appointed by them to perform a specific duty as required from time to time.

Signature
Adventure participant
Date: _____

Signature
Parent/ Legal Guardian
Date: _____



PERSONAL, MEDICAL AND INDEMNITY FORM Cont....

Medical Information		
Full Names and Surname:	Blood group	
Doctors Name:	Dr Tel No:	
Medical Aid:	Med Aid Plan	
Medical Aid Membership Number		

The information provided in this form is required in order to provide appropriate medical help and support if required.

Please answer questions fully and honestly. If at the start of the course it is found that the information has not been given correctly, and forms not filled in and signed, Life Adventures reserves the right to refuse participation and/or cannot be liable in any way. If you are concerned about your physical suitability for the camp / event, please seek advice from your doctor and inform us accordingly in writing.

Please provide details if ever had:

- Any conditions of the Heart, lungs, nervous, digestive Bladder, urinary, blood and abdomen _____
- Diabetes, Epilepsy, Psychiatric, fainting, migraines and Asthma _____
- Allergies – Food, hay fever, insects, medicines or other _____
- Broken bones, muscle tears, ligament damages, operations _____
- Any diagnosed conditions, diseases or injections _____
- Dietary requirements (Surcharge is applicable) _____
- Can you swim 50 metres in light clothing? _____
- Are you currently taking any medication? What and why? _____
- I hereby give permission for pictures / videos to be taken for advertising, marketing and or social media purposes.

Yes		No	
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If there are any changes to the above, you MUST inform the Organization*** immediately. I declare ALL Medical information herein as true and have not withheld any relevant information

Participants Name: _____ Participants signature: _____

Signature of Parent/ Legal Guardian (if Under 18 years of age) _____ Date _____