

INDEMNITY FORM

This indemnity form is to be completed by the camper if aged 18 years and over. **ONE FORM PER CAMPER.**

CAMPER/GUEST DETAILS

Name and Surname	
Contact number	
Vehicle (s) registration	
Date	
Name of Resort/location:	

1. I, the undersigned, am willing that I should participate in the camping program, hosted by Seasonal Campers SA. I understand the nature of the activities at the camp may include, but not limited to, bushwalking, swimming (pool), paintball, quadibikes and other indoor and outdoor games, sports activities, communal eating and that risks may rise during activities.
2. I understand that the Activity may be inherently dangerous and may create certain risks to persons that can result in property damage and serious physical injury. I further understand that the Indemnified Party, its officers, employees and agents will not be and/or are not responsible for any injuries, property damage or liability that may arise from my participation in the Activity. I assume full responsibility for the decision, and the consequences thereof, to take part in the Activity.
3. I understand and acknowledge that Seasonal Campers SA may take and store photographs and/or video-footage to be used in promotion of activities on their social media platforms.
4. Minors
 - Where the Indemnifying Party is a minor (younger than 18 (eighteen) years), the Indemnifying Party agrees to be and has been assisted by a parent/guardian in agreeing to this agreement and such parent/guardian has consented to the Indemnifying Party participating in the Activity.
 - I, the parent/guardian of the Indemnifying Party, understand that the Activity is inherently dangerous and may create certain risks to persons that can result in property damage and serious physical injury. I further understand that the Indemnified Party, its
 - Officers, employees and agents will not be and/or is not responsible for any injuries, property damage or liability that may arise from the Activity. I further assume full responsibility for the decision, and the consequences thereof, to allow my child/the minor (the Indemnifying Party) to take part in the Activity as set forth herein.
- 5.



I HEREBY AUTHORISE the leader in charge of the camp or the particular activity in which I am involved, to consent where it is impracticable to communicate with me regarding any medical treatment that may be deemed necessary at any given time during the camp.

Disagree ☐

CONFIDENTIAL MEDICAL REPORT:

The information below is required to assist in case of any illness or accidents. This information will be held in confidence.

In case of Emergency contact details

Contact person	
Persons Address	
Cell phone numbers	
Email address	

Please tick if you suffer from any of the following:

Heart condition ☐ Asthma ☐ Migraines ☐ Other ☐

Are you presently taking any medication? ☐

Are you allergic to anything of the following?

Milk ☐ Peanuts ☐ penicillin ☐ other drugs ☐

Specify any foods: -----

Any special care needs?

Medical Aid Number:

Please specify any special dietary requirements: *E.g vegetarian*

THE FOLLOWING IS TO BE SIGNED BY A PARENT/ GUARDIAN IF UNDER 18 OF YEEARS OF AGE, OR BY THE CAMPER IF 18 YEARS OR OVER

-I acknowledge that I enter the camp/ location entirely at my own risk and I shall have no claim against the company or any employee, agents or mandataries for any loss, damage or injury, accident or damage.

-The particulars given on the confidential medical report above are correct



-I agree to abide by the rules and guidelines of Seasonal Campers SA and to participate in all aspects of the camp programs

-I understand that the activities may be inherently dangerous and may create

certain risks to persons that can result in to serious physical injury. I assume full responsibility for the decision, and the consequences thereof, to take part in the activities.

SIGNED.....

DATE.....