



INDEMNITY FORM

I am aware that the I am about to undertake has inherent dangers, which could result in serious injury.

I hereby agree with the following terms and conditions of operations and indemnity: -

1. This activity is being undertaken at my own risk and the Company involved herewith, namely SunScene Travel CC will not be held liable to myself or my dependents for any claims arising from injuries, whether fatal or otherwise, sustained during the activity, howsoever such injuries are caused.
2. The Companies will not be held liable for any loss of or damage to any property sustained by me, howsoever such damage is caused.
3. I undertake to comply with the lawful instructions of any of the Companies employees
4. I hereby indemnify and hold harmless the company and all other persons against all actions or claims by me arising from the above activity.
5. I accept that this contract sets out the full basis of the relationship between the Company and myself and I acknowledge that it is governed by the laws of South Africa and that in the event of my bringing any legal action against the company, its members, servants or contractors, I agree that only the courts of South Africa shall have jurisdiction.
6. I declare that I am not under the influence of alcohol or any other intoxication substance.
7. I confirm that I am not suffering from any medical conditions that may be affected by the above activity.

The following are some of the conditions that may be adversely affected by the above activity:
Pregnancy; High blood pressure; Heart conditions; Neurological disorders; Epilepsy; Acute or chronic knee or back disorders; Conditions of the skeleton, muscles or nervous system; Osteoporosis.
Any persons with declared medical conditions may be required to produce a medical certificate approving the activity, signed within the previous thirty days. The original is to be handed in before commencing the activity.

I HEREBY AGREE THAT ALL INFORMATION IS TRUE AND CORRECT AND HAVE READ AND UNDERSTAND THE ABOVE (please complete the form using block letters)

Surname: _____ First Name: _____ Age: _____

ID / Passport Number _____

Email address: _____ Telephone: _____

In case of an emergency contact:

Name: _____ Address: _____

Telephone: _____ Email Address: _____

Signature: _____ Guardian: _____ Date: _____

(Please note the Guardian must sign if client is under 21 years of age)

Tel. +27 +21 783 0203 Fax +27 +21 783 0203
(084 3524925) (083 5179383)

PO Box 51 Plumstead 7800 4 Trinidad Close Capri 7975

Email Address info@sunscene.co.za Website Address <http://www.sunscene.co.za>

Registration Number CK200308897023