

# INDEMNITY

1. I \_\_\_\_\_ ID Number \_\_\_\_\_ will hunt with

\_\_\_\_\_ from the \_\_\_\_\_ to \_\_\_\_\_ which hunt will take place in Limpopo at Ubabalo Lodge (or such other periods and/ or areas as may be agreed upon (booking period) and/ or areas as may be agreed upon orally or in writing.

I acknowledge and agree that:

1.1 hunting activities are inherently dangerous and involve risks pertaining to my person and/or property;

1.2 that these activities may cause or lead to serious injury and / or illness and / or death and/or damage to or loss of property;

1.3 Neither Ubabalo Lodge nor its owners, shareholders, directors, members, partners, trustees, employees, contractors, friend and family, professional hunters, agents and/or successors in title shall be liable for any loss or damages of any nature whatsoever that I may suffer, irrespective of:

1.3.1 the cause of such damages (which causes may include, without limiting the generality hereof, accidents, motor vehicle collisions, shooting accidents, injury inflicted by animals, death injury, illness, or loss of or damage to property);

1.3.2 whether such damages were caused during, before or after the booking period;

1.3.3 Whether such damages were caused through negligence (including gross negligence) or otherwise.

2. I hereby irrevocably and unconditionally indemnify Ubabalo Lodge, its owners, shareholders, directors, members, partners, trustees, employees, contractors, friends and family, professional hunters, agents and/or successors in title against all and any medical and/or transport and/ or evacuation costs/expenses incurred, in the event that I fall ill or become injured to such an extent that Ubabalo Lodge or its employees, contractors and/or professional hunters decide, in their sole discretion, to incur such costs/expenses which costs/expenses shall be deemed to have been duly incurred on my behalf and for my account; and I hereby authorize Ubabalo Lodge to set-off, in its sole discretion, such costs/expenses as first charge against any monies paid by me to Ubabalo Lodge.

3. I warrant that:
  - 3.1 I am medically fit and able to take part in potentially rigorous and dangerous activities, with obvious attendant risks, during the contracted / booking period;
  - 3.2 I declared all my medical conditions and/ or allergies to Ubabalo Lodge (such conditions being stipulated below)
  - 3.3 I have been fully advised by my physician in respect of such prophylaxis that is required to be taken by persons travelling in and to the area where my hunt will take place.
  
4. I hereby consent to such reasonable emergency first aid treatment by Ubabalo Lodge, its owners, shareholders, directors, members, partners, trustees, employees, contractors, friends and family, professional hunters, agents and/or successors in title in the event of any injury or illness that may occur prior to, during or after the booking period.
  
5. By my signature to this indemnity I agree that:
  - 5.1 I assume full responsibility for the risks and damages stipulated herein;
  - 5.2 my participation in the said hunt and any activities is voluntary; and
  - 5.3 That I elect to participate in the full knowledge of these risks.
  
6. By my signature to this indemnity I:
  - 6.1 unconditionally and irrevocably agree to and accept the terms and conditions of this indemnity;
  - 6.2 Declare that I have read this indemnity and that I understand the meaning thereof.
  
7. This indemnity shall:
  - 7.1 be interpreted in terms of and is subject to South African Law;
  - 7.2 Be binding on my dependants, executors, heirs, administrators and / or assigns.

|   |  |
|---|--|
| Full name and Surname:                                    |  |
| Contact details:  |  |
| Name of your physician / doctor:                          |  |
| Allergies:  |  |
| Known medical conditions:                                 |  |
| Age:  |  |
| Weight and Height:  |  |
| Name of emergency contact person in case of an emergency: |  |
| Contact number in case of an emergency:                   |  |

Signed at \_\_\_\_\_ on \_\_\_\_\_

By \_\_\_\_\_ (client name and surname)

Client signature: \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian o.b.o Minor / person U/21