



## Indemnity / Authorization

Full Name: ..... Title: .....  
Home Address: .....  
.....  
.....  
Passport/ID No.: ..... Mobile No: .....  
Nationality: ..... Date of Birth: .....  
Email: .....  
Arrival: ..... Departure: .....

I the undersigned acknowledge that:

1. I enter the property of African Dream Tour, hereafter referred to as "ADT" at my own risk
2. I am aware that there are wild animals at large on the property of "ADT" and that I may come in contact with them during drives, walks. Quad bike rides or in other ways while a guest of "ADT" on "ADT" property.
3. I, with full knowledge of the meaning and implication hereof, voluntarily waiver any claim I may have at any time for any damages or a loss that I may suffer during or as a result of my visit to "ADT", whether such damages or loss arises from illness, disease, accident or injury to my person of from any other cause whatsoever, including also any damage to my property.
4. This indemnity and waiver should include any loss or damage caused by or attributable to any act or omission on the part of any agent, employee or nominee of "ADT" and shall under all circumstances absolve the Company as well as its agents, employees or nominees from any liability for any loss or injury under the circumstances referred to or contemplated herein.
5. The reference herein to the visit and the property of African Dream Tour shall include not only the visit to the property on which the safari lodge is situated, but also any other property to which I may be referred by "ADT". The waiver and indemnity shall also apply to any loss or damage, which I may suffer while being conveyed to or from the property of "ADT" by any agent, employee or nominee of "ADT".
6. Should, in the opinion of "ADT", I require any emergency treatment while a guest of "ADT" and should I, in the opinion of "ADT", be unable to make a decision or act at the time on my own behalf in this regard, I hereby authorise "ADT" or any nominee of theirs to take such decisions and to act on my behalf, as they deem necessary or desirable. I ratify and approve any such decisions taken, under these circumstances, on my behalf and shall reimburse "ADT" for any expense incurred on my behalf.

• PARENTS/GUARDIAN TO SIGN FOR ANY PERSON UNDER THE AGE OF 18 SIGNED:

- 1, Name & Surname:..... Signature:.....
2. Name & Surname:..... Signature:.....
3. Name & Surname:..... Signature:.....
4. Name & Surname:..... Signature:.....