

## INDEMNITY FORM

**I AM AWARE THAT THE ASSOCIATED ACTIVITIES I AM ABOUT TO UNDERTAKE HAS INHERENT DANGERS,  
WHICH COULD RESULT IN SERIOUS INJURY.**

**I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS OF OPERATIONS AND INDEMNITY**

1. The associated activities are being undertaken at my own risk and the company involved herewith, namely Living on the Edge Adventures and associates will not be liable to me or my dependents for any claims arising from injuries, whether fatal or otherwise, sustained during an activity/ies, howsoever such injuries are caused.
2. The company and associates will not be held liable for any loss of or damage to any property sustained by me, howsoever such loss or damage is caused.
3. I undertake to comply with the instruction of the Company's employees – Do not take your mask off.
4. **I am not under the influence of alcohol or any other drug with narcotic effect.**
5. I hereby indemnify and hold harmless the company, associates and all other persons against all actions or claims by me arising from the said associated activities.
6. I accept that this contract sets out the full basis of the relationship between Living on the Edge Adventures, Associates 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, their associates, crew members or contractors, I agree that only the courts of South Africa shall have jurisdiction.
7. I hereby indemnify Mogale City Local Municipality, Sterkfontein Heritage Lodge, Saronde Valley and its officials against and hold it harmless from any claims or damages which may be instituted or suffered by any person, including legal costs incurred, as a result of any loss or injury whether fatal or otherwise, to any person or event or as a result of any failure by me to comply with any conditions contained herein, or instructions given, in the undertaking of activities.
8. **Once the indemnity form has been signed, all activities are non-transferable and non-refundable.**
9. I confirm that I am not suffering from any of the medical conditions listed that may preclude me from doing any activities.

**THE FOLLOWING CONDITIONS MAY BE ADVERSELY AFFECTED BY ANY ASSOCIATED ACTIVITIES YOU ARE ABOUT TO UNDERTAKE**

Pregnancy, High Blood Pressure; Heart Conditions; Neurological Disorders; Epilepsy; Acute or Chronic Knee or Back Disorder; Conditions of the Skeleton, Muscles or Nervous System; Osteoporosis; Serious Car Accident; Recent Operation; Dislocations.

Any person with declared medical conditions will not be permitted to partake unless a medical certificate approving the activities, signed within the previous thirty days is obtained. The original copy is to be handed in before the activity is undertaken. (If you are uncertain of these conditions, please confirm with staff.)

**I HEREBY AGREE THAT ALL INFORMATION IS TRUE AND CORRECT AND I HAVE READ AND UNDERSTAND THE ABOVE:**

**SURNAME:**

**FIRST NAMES:**

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**BIRTHDATE:**

**TEL:**

**FAX:**

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**CELL:**

**E MAIL: please complete to receive our news letter and specials**

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WHERE DID YOU HEAR ABOUT US? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_