

Kloofwaters Outdoor Centre

Adult Visitor

This form must be completed by each adult attending a camp at Kloofwaters

PERSONAL DETAILS

Full name(s): _____ Gender: _____

Date of birth: _____ Contact number: _____

Health information that the staff at Kloofwaters should be made aware of (e.g. allergies, medical conditions and details of any medication that the visitor is taking).

Any special dietary requirements: _____

In the event of an emergency, please contact:

Name	Relationship to participant	Cell	Landline

Person responsible for expenses: _____

If on Medical Aid:

Name of medical aid: _____

Medical aid number: _____ Main member: _____

Copy of medical aid card (both sides) and ID of main member to be attached.

CONSENT AND INDEMNITY

I, _____ (*full name and surname*) hereby state that:

1. I understand that the activities that I may engage in while at Kloofwaters have inherent risks and dangers that could result in damage to property and injury to myself, including death.
2. I waive any and all claims that I may have against Kloofwaters, The Laburn Farm Trust and their employees or agents on any ground whatsoever including in particular, but without limiting the generality thereof, any claim based on their negligent act or omission, or that of any person or persons for whose negligence they might be liable.
3. I indemnify Kloofwaters, The Laburn Farm Trust and their employees or agents against any claim which I may make, against Kloofwaters, The Laburn Farm Trust and their employees or agents on any ground whatsoever including in particular, but without limiting the generality thereof, any claim based on their negligent act or omission, or that of any person or persons for whose negligence they might be liable.
4. I agree that I will be bound by the Kloofwaters rules and will obey any reasonable instructions issued by senior staff.
5. I authorise the Operations Director of the Centre or a Kloofwaters staff member to consent to my undergoing any surgical or other medical treatment should this be or become necessary while and should it not be possible to obtain my consent.

Signature: _____ Date: _____