



To the Parents / Legal Guardian,

I, (Full names of Parent / Legal Guardian) \_\_\_\_\_ being the Parent / Legal Guardian of \_\_\_\_\_ hereinafter referred to as 'learner', a pupil from the \_\_\_\_\_ School, hereby permit him/her to partake in the activity/camp referred to below.

Camp/Activity: **Kwalata Adventure Camp: Leadership | Adventure | Back to Basics | Biology & Conservation**

Date/Duration: \_\_\_\_\_ to \_\_\_\_\_ 20 / , Location/Venue: **Kwalata Adventure Camp**, 134 Klipdrif Dinokeng Game Reserve, Hammanskraal, Gauteng 0400.

Participation in the programs presented carries risk for the participants. The nature of programs at the Adventure Camp is considered a <Low-Risk FIELD 1 Adventure based Learning, Restricted Level of Training to master low Risk Challenges for Adventure Recreation Program Guide Level 1: ARA>. (We all have level 2 Guides). **COVID19 Protocols as prescribed by Restriction Levels at the time of excursion.**

While Kwalata Adventure Camp takes reasonable precautions against foreseeable risks, both the nature of the programs and accidents make it impossible to ensure the complete safety of participants. Some examples of risks are: heat exhaustion; twisting of ankles, being physical active, guided game drive in Big 5 reserve; program accidents and accidents while in transit to, from and during the adventure program.

Signing this consent form means that you understand and accept the risks involved for your child. **(A list of all activities & risks assessments are available on web & from school)**

I hereby appoint and authorise the teacher / person in charge of organising the camp to act in my place as parent/guardian with full authority to consent to my school to take part in the camp program, undergo First Aid, and/or medical treatment, treatment suggested (by surgeon) in case of medical emergency. I undertake to pay the costs of such treatment.

I fully understand and accept that all activities are undertaken at the camp at own risk.

I am aware that neither Kwalata, Kwalata Adventure Camp , nor its Directors, managers, facilitators or staff, agents,, volunteers or any person associated with Kwalata Adventure Camp accept responsibility for any loss, injury or damage that the person or property of my school may sustain whilst engaged in any camping program, including inter-alia transport to and from the activity/ camp.

I hereby waive any right that I or my school may have to claim compensation against Kwalata Adventure Camp, its Directors, managers, facilitators or staff, agents, volunteers or any person associated with Kwalata Adventure Camp, in respect of any loss, injury or damage incurred whilst engaged in any program activity.

I agree and authorise that photos, statements, audio – visual recordings, video and sound bites taken, recorded and collected from my school during activities with Kwalata Adventure Camp may be used free of charge and at the discretion (complying to the Children's Act Section 6A, Act 38, 2005) of Kwalata Adventure Camp as part of their marketing/ communication.



I am aware that:

- My son/daughter may be in a mixed gender group for purposes of the program activities
- The learners will be accompanied / supervised by an adult facilitator of either gender.
- All bathroom amenities & sleeping arrangements are separate for boys/girls.
- Consent is given for participation in all activities listed on the program. Programs are designed to reach certain outcomes, these programs work because of the selected activities. Therefore, learner has to take part in all activities. Activities can not be selectively excluded or partially omitted.
- Activities are “challenge by choice”, as prescribed by experiential learning model.
- A learner will not be allowed on camp where a consent form has not been completed, signed & received. Documents will be kept for a five (5) year period. In accordance with the POPI Act 2013.
- **COVID19 Track & trace form will be kept & temp records on a daily basis as per Restriction Levels at the time. These record will be kept on site in accordance of POPI Act 2013.**

Camp programs are designed with purpose, intent and fun. Programs and selected activities are presented to facilitate learning, ignite exploration, encourage risk taking all in the spirit of respect, awareness of others, their differences and important, having fun.

Hereby my consent

Signed: \_\_\_\_\_ Residential Address: \_\_\_\_\_

Mother/Father Legal Guardian \_\_\_\_\_

Contact Detail: Cell: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Witness: \_\_\_\_\_

Signed at \_\_\_\_\_ (place), Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20/ .

**WHAT SHOULD WE KNOW OF YOUR DAUGHTER/SON?**

Allergies (medical) \_\_\_\_\_

Medication: (all medication with instructions to be handed to teacher) \_\_\_\_\_

Food Allergies & Vegetarian/Halal \_\_\_\_\_

(Gluten/ Vegan - to supply own food -discuss with teachers, cost facilities to provide own)

Other information: \_\_\_\_\_

**All supporting documentation is available on the web <https://camps.kwalata.co.za/documents/>.. for any other please contact school/tour operator.**

For Office Use:

Name on Class-list:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

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