



I, (Full names) _____ hereinafter referred to as “member” of the _____ (Company, group, team, association, organisation), hereby agree to partake in the activity/team build/programs referred to below.

Program/Activity: Kwalata Adventure Camp: Leadership | Adventure | Back to Basics | Team development / Environmental Education programs | own program

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 off/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 I understand and accept the risks involved. **(A list of all activities & risks assessments are available on web)**

I accept that any 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 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 organisation may sustain whilst engaged in any program, including inter-alia transport to and from the activity/ camp.

I hereby waive any right that I or my Company, group, team, association, organisation 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 during activities with Kwalata Adventure Camp may be used free of charge and at the discretion of Kwalata Adventure Camp as part of their marketing/ communication, within the bounds of the POPI Act.



I am aware that:

- 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, a person is obliged 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 person will not be allowed to participate where a consent form has not been completed, signed & received. Documents will be kept for a five (5) year period. Record keeping in compliance with the POPI Act.
- **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 with in the regulations of the POPI Act..**

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: _____

Name of PARTICIPANT _____ ID No _____

Contact Detail: Cell: _____ Alternative Number: _____

Alternative Contact in case of Emergency _____ Number. _____

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

WHAT SHOULD WE KNOW OF YOU?

Medical Conditions (e.g. back problem, pregnancy, serious medical conditions) _____

Medication: (In case of emergency) _____

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 camps@kwalata.co.za.

For Office Use:

Name on Attendance -list:

Received by: _____

Date: _____

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