

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)

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. **(An activity risks assessments is available from organiser/school pertaining to the particular program.)**

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 seeking medical treatment, treatment suggested (by surgeon) in case of medical emergency. Parents will first be contacted in the case of any emergency, only if the parents can not be contacted will the decision fall to the teacher / person in charge. I understand that all costs of such treatment be the parents/guardians responsibility.

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 take note & 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 of Kwalata Adventure Camp as part of their marketing/ communication. The use of photos in accordance with (complying to the Children's Act Section 6A, Act 38, 2005 & PopiAct of 2013

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. Learners will be encouraged 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.
- This an alcohol & drug free venue. Alcohol is not allowed and use (or possession) of banned substance are not allowed -person & substances will be removed from premises.

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. (In case where behaviour of individual is contradictory to the above, learners/adults will be requested to leave premises.)

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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