

I, (Full names) _____ hereinafter referred to as 'member', of the _____ Company,/School/team/organisation/association, etc, hereby agree to partake in the activity/teambuild/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 (**An activity risks assessments is available from organiser/ pertaining to the particular program.**)

I accept that any First Aid, and/or seeking medical treatment, treatment suggested (by surgeon) in case of medical emergency, will be done in consultation, and if not able or unconscious that implied consent to seek such treatment. I understand that all costs of such treatment be my 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 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 PopiAct of 2013.

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. Individuals 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 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. In accordance with the POPI Act 2013.
- This an alcohol & drug free venue. Alcohol (for learners) is not allowed and use (or possession) of banned substance are not allowed -learners & 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: _____

Contact Detail: Cell: _____ Alternative Number: _____

Witness: _____

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

WHAT SHOULD WE KNOW OF YOU?

Allergies (medical) _____

Medication: (in case of emergency) _____

Food Allergies & Vegetarian/Halal _____

(Gluten/ Vegan -please advise ahead of time)

Other information: _____

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

For Office Use:	
Name on attendance <input type="checkbox"/> -list:	
Received by: _____	Date: _____