

Consent Form  
For  
Teachers / Adults



I, (Full names) \_\_\_\_\_ hereinafter referred to as 'member', of  
the \_\_\_\_\_ Company,/School/team/organisation/association etc,  
hereby agree to partake in the activity/team build/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 Klipdrift, Dinokeng Game Reserve, Hammanskraal, Gauteng 0400.**

Participation in the programs presented carries risk for the participants. The nature of programs at the Kwalata 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 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. The use of photos in accordance with POPI Act of 2013.

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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. Record keeping in compliance with the POPI Act.
- This an alcohol & drug free venue. Alcohol (for learners) is not allowed and use (or possession) of banned substances. People under the influence or behaviour affected by substance abuse will be requested to leave the 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: \_\_\_\_\_

Alternative Contact in case of Emergency \_\_\_\_\_ 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 [camps@kwalata.co.za](mailto:camps@kwalata.co.za).

For Office Use:

Name on Attendance -list:

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

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