CAMP CONSENT FORMS - Learners

To Parents / Legal Guardian,

I, (Full name of Parent / Legal Guardian) _____, as the Parent / Legal Guardian of _____ ('learner'), a pupil at _____

Company/ School/ team/ organisation/ association etc, hereby agree to partake in the activity/ team build/ camp referred to below.

Camp/Activity: Leadership | Adventure | Back to Basics | Biology | Conservation | Team Development

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

While Kwalata Adventure Camp takes reasonable precautions, it's impossible to guarantee complete safety. Risks may include but are not limited to: heat exhaustion, ankle injuries, physical activity, guided Big 5 game drives, program-related accidents, and transit incidents. A risk assessment and Standard Operating Procedures are in place to minimise identified risks (an activity-specific HIRA assessment is available upon request). By signing this document, I acknowledge and accept these risks. I appoint the teacher/person organising the camp to act on my behalf in consent to participation, first aid, or medical treatment, as necessary, in an emergency. If I cannot be reached, the teacher/person in charge will make decisions. I understand that I am responsible for any medical costs.

I acknowledge that activities at the camp are undertaken at my child's own risk. I understand that Kwalata, its staff, directors, agents, volunteers and their families accept no responsibility for loss, injury, or damage to person or property incurred during the camp, including transportation.

I waive any rights to claim against Kwalata Adventure Camp, its staff, directors, agents, or volunteers for any loss, injury, or damage arising from camp activities. (Excludes in the case of gross negligence)

I also consent to photos/video or audio recordings taken during approved scheduled activities . The use of photos, statements, audio-visual recordings, subject to the Children's Act Section 6A, Act 38 of 2005 & POPI Act of 2013.

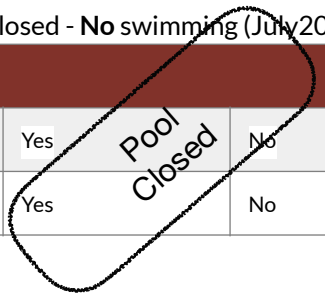
I am aware that:

- My child 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 the experiential learning model.
- A learner will not be allowed at Kwalata Adventure 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 is an alcohol & drug free venue. Alcohol is not allowed and use (or possession) of banned substances are not allowed. The person & substances will be removed from 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 most importantly, having FUN. In such cases where the behaviour of an individual is contradictory to the above, learners / adults will be requested to leave the premises.
- All cellphones/watches & digital devices are not allowed on camp- devices will be collected for safekeeping and returned before departure. (For emergency notifications contact school or appointed camp teacher).

Permission to swim*

Swimming only in the presence of a Pool Life Guard (Compulsory*)- Pool is closed - **No** swimming (July2026)

Permissions & Conditions regarding swimming		
My child has permission to swim in a pool under supervision*	Yes	No
My child is able & have the skills to swim without assistance*	Yes	No



Medical and Nutritional Information

Medical Information		
Allergies	Yes	No
Allergy Information		
Medicine with written instructions have been given to my child's teacher for use at Kwalata Adventure Camp	Yes	No
Notes: In case of severe allergies - we will issue a learner with a 'medical bracelet' for the duration of camp. No medical or personal information will be on display - only a colour band alerting us on special care in case of emergency.		
Disabilities we need to know about?	Yes	No
If so, how can we assist with disabilities?		
Food Preferences		
Gluten intolerant	Yes	No
Halal	Yes	No
Vegetarian	Yes	No
Other:		

I hereby give consent for my child to participate in activities during the camp/program at Kwalata Adventure Camp.

Parent/Guardian Name			
Sign | Signature (Parent / Guardian)			
Residential address			
Witness Name			
Witness Sign			
Date		Place	

Contact Details			
Cellphone		Alternative No.	
Emergency No.		Emergency Contact Name	

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