



*Important: Please complete this form in order that we may fully understand your needs and sign it to indicate your acceptance of the conditions to the attendance of the stated course.*

I, the undersigned ....., \*Participant or Parent/Guardian of  
 (full names of Participant or Parent/Guardian of a minor child)

..... Date of birth/Age: .....  
 (full names of child)

of mailing address: ..... Postal Code: .....

E-Mail Address: ..... Cell phone: .....

Telephone – Home: ..... Telephone - Office: .....

hereby apply for admission of \*son/daughter onto the course conducted by or under the auspices of the Company to be held from ..... by way of confirmation of \*his/her attendance.

I undertake to hold myself and my child bound to all the Conditions recorded on this form that governs the enrolment of \* my child's participation as a participant on the course, and I confirm that I have read, understand and accept the same.

Signed at ..... on (date) .....

Signature of Participant/Parent/Guardian.....

(It is very important that you please sign here)

Signature of a Witness .....

\* Delete or omit whatever is not applicable

**My Child's Dietary Preferences**

My/my child's dietary preferences as a course participant are (please tick box)

<input type="checkbox"/>	No specific preference	<input type="checkbox"/>	Halaal (Moslem Faith)	<input type="checkbox"/>	Kosher meals (Jewish Faith)
<input type="checkbox"/>	Vegetarian (no meat)	<input type="checkbox"/>	Eat only white meat	<input type="checkbox"/>	Other (specify) .....

**Health**

I wish to record that the participant has no know allergies or conditions (e.g. Penicillin, Sulphur intolerance, bee sting, asthma etc or other)\*/does have the following allergies:

.....  
 .....

**Conditions:**

1. The acceptance by any Organisation of this application for enrolment of the Participant onto the specified Course in terms of this Form shall constitute a concluded and binding legal contract.

2. The "Company" shall mean Ubungani Wilderness Experience

3. I certify that I have signed this form as either the participant or the natural guardian of the child participating as the case may be, and that the details furnished on this form are true in every respect.

I fully realize and accept as a fully disclosed fact that the Course will expose the Participant, being myself or my child, to a wildlife reserve and that the wildlife of the reserve as well as other intrinsic features of the wildlife reserve, constitute a potential danger to people and property on the reserve. I consent to and assume the risk of any potential danger to my person or that of my child as the case may be.

4. I indemnify and hold harmless the Company, its Trails Officers and all employees, Agents, Directors and associates under the direct or indirect lawful employ of the Company, against, and waive and abandon all and any claim in respect of, and any damage or loss incurred by myself or my child as a Participant, as the case may be, arising from the death or personal injury

of myself or my child or damage to or loss of property of myself or my child, be it direct or indirect, as a result of or arising from in any way the potential danger or from any other cause whatsoever arising from or occurring on the Course, including, but not limited to, fire, water, animals or use of roads.

I furthermore undertake and agree that this waiver and indemnity shall be effective for the full duration of the course, which I acknowledge shall commence immediately the Participant arrives at the place of departure, and shall terminate upon the ultimate return of the Participating Group to the conclusion point.

I agree this will be binding on not only myself but also on all my successors in title including any dependants, executors, administrators or assigns and that my indemnity in respect of my child will also apply to his/her successors in title, including his/her dependants, executors, administrators or assigns.

5. I undertake personally, or on behalf of my child, that the Participant will at all times abide by the rules of the company, and shall obey all lawful instructions of the Trail's Officers or any person or persons delegated by the Trail's Officer, for the full duration of the Trail.

Please return this completed form to: Ubungani Wilderness Experience P.O Box 1610 Nigel 1409	Tel/Fax 011 609-0893 E-mail: <a href="mailto:alida@ubungani.org">alida@ubungani.org</a> Website: <a href="http://www.ubungani.org">www.ubungani.org</a>
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