

True North Experiences PTY Ltd Waiver & Release

I, the undersigned (guardian if younger than 18years)

Address: _____

Email: _____ Cell no: _____

Guardian of (full names if younger than 18years) _____

Sign me up to your Newsletter: YES / NO

Do hereby agree and undertake in favour of True North Experiences PTY Ltd, hereafter referred to as TNE, its organisers and officials, members, agents, sponsors and owners or administrators that while at Taaibosch; DATE: _____ **2022**

1. I am fully aware that while partaking in any adventure and/or outdoor education & training activities, guided or non-guided, I may be exposed to numerous potential dangers, including but not limited to; falling from height, the movement of terrain, rock and water, sudden weather changes, the possibility of equipment and protective system failure and the Covid19 virus.
2. I am participating in the activities voluntarily and in full knowledge of the implications and potential dangers to which they might be exposed, knowing that I choose to do so, or not to, by my own choice and to inform a facilitator accordingly.
3. TNE cannot be expected to accept responsibility in the unlikely event of an accident occurring.
4. I accordingly hereby irrevocably waive, relinquish and abandon any claims of any nature whatsoever which I may have for potential injury, death or damage to property arising from or in connection with my participation in adventure activities and/or outdoor education & training under the auspices of TNE, as well as any activities (including travel on foot or by motor vehicle) incidental or engaging in these activities, as well as any other loss or harm, arising out of, resulting from, relating to or in connection with the transmission of COVID-19 while at Taaibosch. I do hereby assume all such risks and dangers, if any, of the organisers, guides, facilitators, instructors and staff associated with TNE, its officials, members, owners, sponsors and administrators.
5. I acknowledge the contagious and unpredictable nature of the coronavirus disease 2019 (COVID-19) that makes it difficult to prevent transmission. I acknowledge that my being present at Taaibosch may subject me to the risk of being infected with the COVID-19. I also acknowledge that I am under no obligation to participate in the training event at Taaibosch if I have any safety concerns.
6. I understand this is an important legal document indemnifying TNE against the transmission of COVID-19 on Taaibosch premises and that by signing this Indemnity I hereby waive certain legal rights that may exist and that I may otherwise have against TNE and others.
7. I understand that if at any time after being at Taaibosch, that myself, employee, director, agent, contractor or officer is infected with COVID-19 or has tested positive for COVID-19, TNE shall advise me of such fact but shall be under no obligation to disclose the identity of such person to me.
8. I undertake to follow and obey all rules, instructions, directions, and requirements of TNE in preparation to and before arriving at Taaibosch, agreeing to having had my temperature taken before joining in at Taaibosch as required by TNE and any Regulations issued by the Government under the Disaster Management Act, 2002 (Act No. 57 of 2002).
9. I hereby agree to defend and irrevocably and unconditionally indemnify and hold harmless TNE, and its directors, employees, agents, contractors and officers or each of them from and against any claim for damages or losses and/or from any other claims, judgments, penalties, costs or other liability or expense (including, but without limitation, legal costs) of any nature whatsoever (whether direct, consequential or otherwise), whether for death, personal injury, illness or other loss or harm sustained by myself, arising out of, resulting from, relating to or in connection with the transmission of COVID-19 at Taaibosch.
10. I am aware that photos might be taken and used for the purposes of marketing and social media.
11. If any term or provision of this Indemnity is deemed invalid or unenforceable, such term shall be deemed to be modified or limited to the extent necessary to make the term valid and enforceable.
12. This document will be binding on me, my heirs, executors, administrators and family.
13. I have read and understood this document and declare that the information below is true.

1. Medical aid + tel no. + Membership no.

2. Any allergies

3. Emergency contact person + tel no.

4. Medication currently taken

5. Serious medical issues

Signed in (place) _____ on (date) _____/2022



Signature _____