



WILD AFRICA Experiences. ANNUAL Indemnity 2025

Each person must complete an indemnity. We might never need it, but in case of an emergency we don't want to start searching for details! Parental or legal guardian's consent is required for persons under 18 years. Wild Africa Experiences respects your privacy. We will never sell, barter, or rent your details to any unauthorized third party, period.

General:-

- I hereby acknowledge that neither Wild Africa Experiences, nor its owners, members, servants or agents, shall be in any way liable for injury, loss or damage to person or property sustained by my party or myself.
- I record that I am aware of and accept the inherent risk involved in participating in adventure activities. These risks include loss or damage to property, injury or fatality, accidents in inaccessible places without direct medical facilities and possible exposure due to inclement weather.
- I am aware that we are moving through an area inhabited by wild animals / creatures and accept the associated risk thereof.
- I also expressly undertake to abide by the instructions given by the guides and employees of Wild Africa Experiences.
- I hereby indemnify Wild Africa Experiences, and/or any landowners / lessees of property where activities take place, against any claims against any of its owners, members, servants, agents or subcontractors, which may arise from any of the foregoing.
- I acknowledge that if I am uncomfortable with a specific activity, I can voluntarily withdraw from the activity but without the expectation of a refund.

Medical:

- I understand the need to be in good health to participate in adventure activities, and do not hold the company responsible for any medical conditions that may arise.
- I acknowledge that Wild Africa Experiences consider it unsafe to participate in adventure activities when pregnant.
- I acknowledge that Wild Africa Experiences has the right to refuse participation, without a refund, in the event that it considers it unsafe for any participant to take part in any adventure, if that participant is deemed to be unable to participate in a safe and effective manner. This refusal of participation includes a client deemed to be under the influence of alcohol and/or drugs.
- I understand that it is my own responsibility to consult a doctor before undertaking an adventure activity, especially if I have pre-existing health considerations.
- I acknowledge that it is my own responsibility to inform Wild Africa Experiences of any pre-existing medical conditions that might have an influence on the safe participation in adventure activities.

I understand that:

- No person shall be allowed to embark upon an activity unless and until, he or she is fully aware of and accepts this indemnity in favour of Wild Africa Experiences, its owners, members, servants, agents or subcontractors, or any other associated party, and in the case of a minor, unless this indemnity has been accepted by the parent / guardian of such minor.

I hereby certify that I have read, understand and agree with all the details of this indemnity form and the Terms & Conditions of Wild Africa Experiences.



PARTICIPANT #1

Name, Surname :				
ID Number / Passport Number :				
Cell Phone Number :				
Email (please write clearly) :				
Medical aid name & membership number :				
Name & Phone number of next of kin (for emergencies) :				
Medical conditions we should be aware off (bee sting allergy, asthma, epilepsy, physical disability etc.). Kept confidential.				
We'd love to know where you heard of Wild Africa Experiences	Facebook	Instagram	Referral	Other
I have read and understood the indemnity attached. Signature :				
Date :				

PARTICIPANT #2 (IF APPLICABLE)

Name, Surname :				
ID Number / Passport Number :				
Cell Phone Number :				
Email (please write clearly) :				
Medical aid name & membership number :				
Name & Phone number of next of kin (for emergencies) :				
Medical conditions we should be aware off (bee sting allergy, asthma, epilepsy, physical disability etc.). Kept confidential.				
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