



Giving you the ultimate getaway experience

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Activity Indemnity Form

This form is to be submitted to our office before any activity is done.

| | |
|--|--|
| Name of Child: _____ Name of Parent/Guardian: _____ | Phone Number: _____ Phone Number: _____ |
| Allergies: Name Allergy Name Allergy | |
| I consent to my child taking part in: Team Building Activities | Signature: _____ |
| I consent to my child taking part in: High/Low Ropes Activities | Signature: _____ |
| I consent to my child taking part in: Canoeing | Signature: _____ |
| I consent to my child taking part in: Mountain Climbing | Signature: _____ |

I understand that while everything will be done to ensure both the comfort and safety and while care and caution will be exercised by those in charge of the activities, Adventureland Camp will not be in any way responsible for any accident or sickness which may occur through any circumstance.

I agree to indemnify Adventureland Camp and its instructors against any claim by reason of accident, sickness or otherwise. In case of accident or illness I consent to the obtaining of the necessary medical assistance and treatment, and in the event, I agree to pay all expenses involved.

I have read the Activity Indemnity Form and acknowledge and agree to abide by it.

SIGNATURE OF PERSON RESPONSIBLE

DATE