



ROOIKAT

Conservation · Environmental Education · Anti-Poaching

SNARE REMOVAL EXERCISE INDEMNITY FORM

In partaking in the activities of this Snare Removal Project,

I, the undersigned (full names):	
ID Number:	
Residential Address:	
Mobile Number:	
Email:	

Hereby acknowledge that:

1. I voluntarily participate in the activities as planned and organized by the event organizer, Jason van den Berg and his affiliates.
2. My general health is good and there is nothing that renders me unfit to undertake the above-mentioned activities
3. I understand and appreciate fully that there may well be risks and dangers involved:
 - 3.1. I understand that I will be traversing areas where, among other; dangerous animals may roam freely.
 - 3.2. I understand that I may also find myself midst poaching and criminal activities.
 - 3.3. I understand there may be risks to my property and life.
 - 3.4. I understand, I will not be able to institute any legal action against the organizers of this event, nor against any of their affiliates.
- I, together with my heirs, executors and administrators hereby release the event organizers, their affiliates and any other stakeholders against any and all liabilities and claims that could accrue to me or my heirs, executors and due to
4. illness, injury, death or loss of or damage to property arising out of my participation in the snare project or in any related activity irrespective of whether such claim or claims arose as a result of any act or omission (whether by negligence or not) of any person or from any cause whatsoever.
5. The event organizers, their affiliates and all other stakeholders accepts no liability for death, injury, illness or loss or damage to property arising out of my participation from any cause whatsoever.

Signature _____

Signed at _____ on this _____ day of 20

Witness 1. _____ Signature _____
2. _____ Signature _____

Please answer the following questions:

Age:	Male	Female	Nationality:
Occupation:			
Do you suffer from any allergies? Please specify:			
Do you agree to carry on you any necessary medication you may need to use it in case of an allergic or other emergency? Please write 'I Agree'			
Are you suffering, or have you recently suffered from any illness, or serious medical condition? Please specify if yes:			
Special interest e.g., botany, insects, birds, tracking etc.:			
Notes or any other relevant information you feel to add: Do you have any prior experience with conducting snare removals?			
Person to notify in case of an emergency:			
Relation:		Contact number:	

TO BE COMPLETED IN CASE OF A MINOR

I, the undersigned (full names):	
ID Number:	

Do hereby certify that I am the parent/legal guardian of (full names of participant/s):

1. _____
2. _____
3. _____
4. _____

And I hereby verify and confirm the acknowledgement and indemnity given above. I record that I indemnify and release the persons referred to in paragraph 4 above against any claims and that I have no objection to his/her participating in the snare removal project.

Signature _____

Signed at _____ on this _____ day of 20

Witness 1. _____ Signature _____
2. _____ Signature _____