



**HUNTER/ NON HUNTER/ PARENT/ OBSERVER/
TOURIST INDEMNITY FROM LIABILITY**

I, the undersigned, hereby acknowledge that I am well and fully aware of and appreciate the real dangers and risks that are associated with game hunting activities as well as those associated with the game farms operated by **LA BIPS SAFARIS** arising from the conduct of hunting activities and the presence of wild and dangerous animals, reptiles, birds and insects and the real risk of suffering bodily harm, injury, death and / or presence of wild animals and/or reptiles and / or birds whilst on any of the properties operated by **LA BIPS SAFARIS** or their successors in title.

I hereby waive all claim or claims of whatsoever cause or nature however arising against the owners of **LA BIPS SAFARIS**, their successors in title, their associates, servants, employees and / or any persons connected whether directly or indirectly with the running of **LA BIPS SAFARIS** and fellow guest / invitees which I might have arising out of harm, injury, death, or loss suffered whilst on the premises or properties operated by **LA BIPS SAFARIS** whether arising from an act of commission or omission on the part of those hereby indemnified or any one of them.

I further Indemnify and hold harmless and free, the owners of **LA BIPS SAFARIS**, their successors in title, their associates, servants and the employees and / or any persons connected whether directly or indirectly with the running of any of the lodges and fellow guests / invitees from any and all claims of whatsoever cause or nature which may arise on behalf of my spouse, common law wife / husband, my children, whether minor or adult, or relatives and / or persons accompanying me to any of the properties by **LA BIPS SAFARIS** whether as my invitee or otherwise or at all who suffer injury or loss whilst on the premises or any of the properties operated by **LA BIPS SAFARIS** and whether arising from an act of commission or omission on the part of those hereby indemnified or anyone of them.

In the event of injury, **LA BIPS SAFARIS CC** may at its discretion and without prejudice and without admission of liability arrange and pay for emergency medical treatment for and on behalf of any guest.

I, the undersigned _____ (full names) have read and understand the conditions appearing immediately above my signature and that I am bound thereby.

DATE _____ **SIGNATURE** _____

Residential Address _____

Postal Address _____

Telephone number _____

SIGNED at _____ on this _____ day of _____ 200 _____

AS WITNESSES:

1. _____

2. _____

CLIENT

SIGNED at _____ on this _____ day of _____ 200 _____

AS WITNESSES:

1. _____

2. _____

GUIDE / HOST SIGNATURE

for and on behalf of **LA BIPS SAFARIS CC**, duly authorised thereto