

**RELEASE OF LIABILITY, INDEMNITY
AND ASSUMPTION OF RISK**

I understand that I am required to read carefully and sign a "Release of Liability & Assumption of Risk" form before **Antares Field Guide Training Centre** can accept a confirmation of my reservation. I accept that **Antares Field Guide Training Centre** will assist or advise me, to the best of their ability, with pertinent information regarding passports, visas and international health requirements, but it is my responsibility to ensure that passports, visas, travel permits, health certificates, inoculations, or other documentation required are obtained, current, and in order. Any advise or recommendation that **Antares Field Guide Training Centre** may give or make regarding any of the aforesaid, is given or made without prejudice and subject to the indemnity below. I am also aware that Antares Field Guide Training Centre is located in a malaria area for which the taking of anti-malaria precautions is highly recommended

Antares Field Guide Training Centre advises and encourages me to obtain at least the following types of insurance which I understand are commercially available:

- | | | |
|-----------------------------------|-----------------|----------------------------|
| * Accidental death and disability | * Major Medical | * Trip cancellation |
| * Emergency medical evacuation | | * Loss of personal effects |

I am aware that adventure travel, whether in civilised or remote areas, by plane, train, auto, boat, horseback, other conveyance, or on foot, or otherwise, contains inherent risks of illness, injury, harm, death, or loss and damage of property, which may be caused by negligence of others, forces of nature, and other causes known or unknown. I recognise that such risks may be present at any time before, during and after the trip that I am participating in under the arrangements of **Antares Field Guide Training Centre** and its agents or associates. I am also aware that medical services or facilities may not always be readily available during the time I am participating on this trip.

In consideration of, and as part payment for the right to participate in this trip and the activities, services and food arranged for me by **Antares Field Guide Training Centre** and its agents or associates, I ('Releasor) certify that I have read all of the above and fully understand its contents. I indemnify and on behalf of any minors accompanying me, their parents or guardians, my wife and dependants indemnify and hold **Antares Field Guide Training Centre** its officers, owners, employees and/or suppliers ('Releasees"), harmless for any accidents, claims, losses, damages or liabilities, including death, disability, injury, harm, illness or loss or damage to Releasor or Releasor's property, which might occur, irrespective of the cause and irrespective of any act, omission or negligence (gross or otherwise) on the part of the Releasees. I expressly assume on my own behalf and on behalf of any minors accompanying me, their parents or guardians, my wife and dependants any and all risks with respect to the activities and circumstances described herein and pledge not to sue any of the Releasees on account of any death, injury, harm, illness, losses, claims, costs, liabilities or damages, and further, I agree not to claim the unenforceability of this Agreement. I agree that the foregoing obligation shall be binding upon me personally, as well as upon my heirs, executors and administrators, and members of my family, any dependants and shall also be binding upon any minors accompanying me and their parents or guardians.

The Releasees will under no circumstances be liable for any indirect, consequential or special loss or damage, irrespective of the cause. The disclaimer and indemnity contained in the previous paragraph applies to such loss or damage mutatis mutandis.

I, THE UNDERSIGNED* [FULL NAMES] HAVE READ THE ABOVE AND AGREE TO BE BOUND BY IT.

.....
SIGNATURE

.....
DATE

.....
IDENTITY NUMBER

- PLEASE NOTE THAT IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT OR GUARDIAN MUST READ AND SIGN THIS DOCUMENT**

Next of Kin details

Name _____
Relationship _____
Telephone number _____