

BUFFELSPAD INDEMNITY AGREEMENT

I/We, the various persons listed below have read and understand the contents of this agreement. By signing this agreement, we accept the conditions hereof.

We individually, and on behalf of the minor children for whom we are legally responsible for, understand and accept that it is a condition of my/our stay at Buffelspad that –

- We appreciate and understand that my/our entry to the Remainder of Farm Buffelspad 54/1/Ceres and Remainder of Farm Buffelspad 54 / Ceres (herein referred to as “Buffelspad”) shall be entirely at my/our own risk.
- We appreciate and understand that we may be exposed to a variety of risks and dangers at Buffelspad, being outside of an urban environment in natural surroundings, with no or limited cell phone reception.
- We know and understand that the area is inhabited by poisonous snakes and dangerous wildlife.
- We know and understand that the use of accommodation and facilities, including any activities we partake in, including, but not limited to, hiking, walking and swimming, is done at my/our own risk.
- We acknowledge that we are well acquainted and fully aware of the real risk of suffering bodily harm, injury, death and loss of property which may arise as result of our accommodation at Buffelspad and participation in any activities, and/or the presence of animals, reptiles and/or insects.

We hereby assume full responsibility for any risk of bodily injury, death or property damaged, now and forever, arising out of or related to our accommodation at Buffelspad and participation in any activities, whether foreseen or unforeseen and whether caused by negligence or otherwise.

We hereby agree to INDEMNIFY and SAVE and HOLD HARMLESS the owners of Buffelspad, its employees and/or any other person connected, whether directly or indirectly with Buffelspad, against any and all claims, liabilities, demands, actions, costs or expenses in respect to death, injury, loss or damage to ourselves or our property, howsoever caused, whether arising from any act of commission or omission on the part of those hereby indemnified.

We hereby authorise Buffelspad, its owners, employees and any other person connected, whether directly or indirectly with Buffelspad, to provide or arrange for any emergency medical treatment which may be required, at its/their discretion and without prejudice and without admission of any liability, and similarly hold it/them harmless and indemnified as set out herein. All costs relating thereto shall be at my/our responsibility.

I/We have read this waiver and release of liability, assumption of risk and indemnity agreement and fully understand its terms.

Full Name: \_\_\_\_\_  
 Identity / Passport Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Identity / Passport Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_

Signature: \_\_\_\_\_