



Disclaimer of liability

By joining Lifestyle Anchor Hikers team, you agree and accept full responsibility for any damages, injuries or illness resulting to any trail explored with the team. All members are hiking at their **own** risk

A hiker is fully responsible for:

1. Any loss and damages to possessions, as a result of negligence or a wrongful act by a member within the team
2. Any personal injuries of any nature sustained during our adventure hikes by a member will be taken care by the individual cost/medical aid. We will only assist for minor injuries as per the basic first aid kit
3. Any member who invites or is accompanied by a non-member, they(inviter) immediately takes full responsibility of the invitee should anything happen along the trail. We only assist with the basics.

Rules:

1. No littering on any premises, especially plastics and tissues
2. Please keep your plastic bottles in your bags after consumption
3. Do not deface the tress, rocks, signs or property at any venue we visit
4. No glassware allowed along the trail due to risk of it being broken
5. Strictly no alcohol allowed on the trail
6. Do not feed any animals along the route
7. Bring your own champ chair or picnic blanket
8. Bring your own backpack

Indemnity

I, _____ ID no: _____
understand and declare that I am aware of the dangers and risks associated with any adventure hikes. I take full responsibility for loss as a result of personal injury, loss of life or vehicle during the adventure hikes with the team. This includes but not limited to any outdoor activity invited and hosted by Lifestyle Anchor.

I hereby confirm that I am capable to participate in activities offered by Lifestyle Anchor and there are no legal or medical reasons why I should not embark on the outdoor activities with the team. I will always obey and respect the lawful instructions by the team coordinator

Signature _____ place _____ date _____



Personal details

Name: _____ Surname: _____

Date of Birth: _____ Gender: _____ Age: _____

ID NO: _____ Mobile no: _____

Home address: _____

Emergency contact person:

Name & surname _____ Relationship: _____

Contact number: _____

Name & surname: _____ Relationship: _____

Contact number: _____

Medical aid details:

Name: _____ Option: _____

Medical aid no: _____

Main member/dependent: _____