



INDEMNITY / RECEIPT CLIENT/JUMPER NUMBER: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT CAUTION:

CAREFULLY READ AND FULLY UNDERSTAND EACH PROVISION OF THIS AGREEMENT AND SO INDICATE BY INITIALING EACH PROVISION IN THE SPACE PROVIDED AFTER EACH PROVISION. SIGN AND DATE THIS FORM. _____ (Initials)

IN CONSIDERATION OF BUNGEE MOGALE, ASSOCIATES, AGENTS, OWNERS, DIRECTORS, MANAGERS AND STAFF allowing (please neatly print your name) hereinafter referred to as "the participant" to utilize the facilities and equipment and to participate in bungee-jumping or any other activities, it is agreed that: _____(Initials)

1.) **PARTIES INCLUDED:** The participant understands that this agreement includes Bungee Mogale, associates, agents, owners, directors, managers and staff, referred to in this Agreement as Bungee Mogale. _____(Initials)

2.) **ASSUMPTION OF RISK:** The participant is fully aware that bungee-jumping and all associated activities is a calculated risk sport and contains inherent risk and dangers, that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands the scope, nature, and extent of the risks involved in the activities contemplated by this Agreement. The participant voluntarily and freely chooses to incur any and all such risks and dangers. Adventure or Extreme Sport Activities is not recommended for persons suffering from asthma, epilepsy, cardio/respiratory disorder, hypertension, or skeleton, joint or ligament problems or condition. Women who are pregnant or suspect they are pregnant, and persons who have consumed alcohol, must not engage in these adventure activities. _____(Initials)

3.) **EXEMPTION OF LIABILITY:** The associated activities are being undertaken at my own risk and the company involved herewith, namely Bungee Mogale, associates, agents, owners, directors, managers and staff will not be liable to me, dependents or my guests for any claims arising from loss, damage or injury, whether fatal or from any other cause or causes. _____(Initials)

4.) **INSURANCE DISCLAIMER:** I understand Bungee Mogale does not provide any insurance, either medical or liability, for any incident which may arise as a result of my participation in any phase of bungee jumping or participating in any other activities _____(Initials)

5.) **REFUND POLICY:** The participant understands that these activities are non-refundable activities from the moment of purchase, regardless as to whether or not the participant chooses to complete them, photos are NON-TRANSFERABLE and NON-REFUNDABLE. _____(Initials)

6.) **CANCEL ACTIVITY/IES:** I do understand that the operator/jumpmaster on the day has the right to stop me participating at any time should he feel that the safety of clients and operators are in jeopardy or equipment is being damaged, or clients does not abide to the rules and regulations. _____(Initials)

7.) **CONSENT:** I consent to photographs being taken of me during my participation in activities, and to publication of the photographs by Bungee Mogale and associates for advertising, promotional and marketing purposes. _____(Initials)

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND IT'S CONTENTS AND SIGN IT OF MY OWN FREE WILL. I undertake to comply with the instructions of Bungee Mogale operators and bind myself to the rules, safety and operating procedures as laid down, no smoking, cameras, cell phones or any loose objects allowed on the bridge or platforms. **Please consider others** when participating in activities to avoid long queues and to avoid frustration on the day, we want our clients to enjoy and have an excellent experience. _____(Initials)

8.) Please follow COVID PROTOCOL at all times.

PAYMENT: CASH		CARD		EFT		VOUCHER	
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May we contact you for promotions or other products in the future. YES/NO - Please indicate which platform _____

I FURTHER CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER.

NAME AND SURNAME: _____ **ID NUMBER:** _____ (AGE) _____

CELL PHONE: _____ **EMAIL:** _____

WEIGHT (*Minimum weight 40kg and Maximum weight 100kg*): _____ **SIGNATURE:** _____

DATE: _____

I HEREBY AGREE THAT ALL INFORMATION PROVIDED BY MYSELF IS TRUE AND CORRECT.

ACTIVITY	COST	PICTURES		COMBO'S	COST		PICTURES	
				Bungee/Swing/Zip-Line/Burma	R800			R200
Bungee	R400pp		R100	Bungee/Swing/Burma	R700			R150
Bridge Swing	R250pp		R50	Bungee/Swing/Zip-Line	R650			R150
Zip-Line	R150pp		R50	Swing/Zip-Line	R350			R150
Burma Bridge	R200pp		R50	Burma/Swing/Zip-Line	R500			R150
VOUCHER (tick activity)				Bungee/Zip-Line	R550			R150
Voucher number:				Bungee/Swing	R600			R150