

## INDEMNITY FORM

1. I, \_\_\_\_\_ (*Full names, passport number*)  
In my capacity as parent/legal guardian of \_\_\_\_\_ (*Full names, passport number*) do hereby indemnify the members and staff of ZEMBE SAFARIS and all or any of its associate companies, organizations or persons acting for, through or on its behalf, against any loss or damage whatsoever caused directly or indirectly by delays, sickness, injury, death or loss or damage to property whether occasioned by negligence or not, or any expenses arising here from, which I may suffer while with ZEMBE SAFARIS, or while under its control or custody.
2. I hereby acknowledge that I am aware of the fact that there are dangerous animals, reptiles, insects and plants in game parks and on farms, and that the handling of firearms can be dangerous.
3. \_\_\_\_\_ (*minors' name*) visit to any reserve or farm and/or the minors participation in Trophy Hunting and/or Wing Shooting, are entirely at his/her own free will and I accept all liability and risk on his/her behalf.
4. **I agree to abide by the decision of my Professional Hunter to take down with his rifle any trophy that I have shot at, as well as any animal not shot at; if in his discretion this animal hold a threat to human life, or needs to be put out of misery.**
5. I hereby confirm that \_\_\_\_\_ (*minors' name*) is adequately covered by an existing insurance policy for any loss or damage whatsoever nature caused directly or indirectly arising from his/her dealings with ZEMBE SAFARIS.

This indemnity is binding to the laws of the country of me, as well as the country of ZEMBE SAFARIS.

THUS DONE AND SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
PARTICIPANT (CLIENT)

\_\_\_\_\_  
PARTICIPANT (OBSERVER)

\_\_\_\_\_  
WITNESS