

NB!! Camp organizers, please note that we do not accept any other indemnity forms, than this one provided. We cannot make use or accept the same indemnity form as used by camp organizers/schools or churches. **PLEASE COPY AND HAVE ALL GUESTS OR PARENTS OF MINORS (IF UNDER 18) COMPLETE IT.**



INDEMNITY FORM

www.maraneman.co.za

Contact us: info@maraneman.co.za / 082 559 3831

**LIKE OUR FACEBOOK PAGE TO VIEW CAMP PHOTOS!
MARANEMAN ADVENTURE CAMPS**



Name & Surname of camper: _____ ID NR: _____

Medical Aid details:

Name of Medical aid: _____ Medical aid number: _____

Contact persons in case of an emergency:

Name: _____ Cell: _____

Name: _____ Cell: _____

Please list any Allergies or Medical conditions that we need to be aware of (add page if necessary):

NB!! Please bring any important medication to the camp, i.e.: asthma pumps, bee-sting medication, etc.

I, _____ (Print name of camper or parent/guardian if under the age of 18) hereby indemnify T/A Maraneman on the Vaal cc (Reg nr: 2008/229213/23) its members, staff or contract workers of any damage or loss to my personal property (or that of my child), physical injury or death for any reason whatsoever. I further agree that photos and video footage may be taken of the camper and used for marketing purposes and social media.

Signature: _____ ID Nr: _____ Date: _____
Parent/Guardian/Camper (if not a minor)



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