

# Letter of Indemnity

In seeking to participate on a tour conducted by: NAMAB DESERT TOURS (PTY) Ltd

We the under signed and occupants of the vehicle hereby warrant and acknowledge:

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1. That my general health is good and there is nothing which renders me unfit to undertake the tour:
2. That I understand and appreciate fully that there may be risks, hazards and dangers involved to which I would be subjected to and more particularly:
  - a) That it is dangerous to do dune driving.
  - b) That medical services is not available in the dunes and that it can take considerable time for medical services to reach a person in need of such medical services.
  - c) That the recovery of a broken vehicle may not be possible in the dunes and that where a recovery is possible, that it would be expensive and that I will be responsible to pay for the costs of such a recovery.
  - d) That I am aware of the potential dangers of exposure to the sun — directly or indirectly — and that serious sunburn may result from unprotected exposure.

I acknowledge that I have read, and that I understand, and accept the Terms and Conditions of the Company and that I voluntarily assume the risk inherent in taking part in this tour.

Furthermore, I, together with my heirs, executors and administrators hereby release the Company, its owners, officers, guides, servants, agents and representatives, from any duty of care towards me, in connection with my participation in this tour, and hereby indemnify, hold harmless and expressly exempt the Companies, its owners, officers, guides, servants, agents and representatives from any liability for delay, inconvenience, accident, injury, illness or death to my person, or loss or damage to my property arising from any cause whatsoever irrespective of whether such claim or claims arose as a result of the negligence of any person, or from any of the risks, dangers or hazards inherent to a tour.

I furthermore undertake to obey all reasonable and lawful instructions of the guides or their deputies and I acknowledge that the following instructions has been given and explained to me by the guides.

1. I must always stay in the guide's tracks except where the guide expressly tells me not to do so.
2. I, and any passengers in my vehicle, must wear a safety belt at all times.
3. I must ensure that all equipment and luggage are fastened properly and to ensure that there are no loose articles either in or on my vehicle that can cause injury or loss.
4. Neither myself, nor my co-driver will consume any alcohol until we have reached our destination for the day and the guides confirmed that the driving is done for the day.
5. In the event of getting stuck, I understand that I am in control of the recovery and that I can request any of the guides for assistance. I have also been instructed to keep a safe distance from towropes, winch cables and other recovery equipment such as high-lift jacks. I must also ensure that all passengers are cleared form the vehicle prior to the commencement of any recovery attempts.
6. In the event of getting out of my vehicle I must apply the handbrake, keep the vehicle in gear with the engine switched off and ensure that children is not left unattended in vehicle.
7. I must always attempt to keep the vehicle in front of me in sight and to keep a save following distance of approximately 50m. I must wait for the vehicle in front of me to clear the obstacle or dune before following. I must make use of the radio supplied to me to determine whether the vehicle in front of me cleared the obstacle and whether it is safe for me to follow. I must inform the vehicle behind me when I cleared the obstacle.
8. I must not litter.

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

**To be completed for every occupant of the vehicle:**

**Personal details:**

Tel (H): \_\_\_\_\_ (W): \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical:

Insurance \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor Name: Tel: \_\_\_\_\_

Person to be contacted in an emergency name and Tel number:

\_\_\_\_\_

Signed: \_\_\_\_\_

Dependants/Minors Responsible for: (*Sate Name and family ties*)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Personal details:**

Tel (H): \_\_\_\_\_ (W): \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical:

Insurance \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor Name: Tel: \_\_\_\_\_

Person to be contacted in an emergency name and Tel number:

\_\_\_\_\_

Signed: \_\_\_\_\_

Dependants/Minors Responsible for: (*Sate Name and family ties*)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_