

**1. BOOKING FORM**

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**2. Venue:** Arrival date:

End date:

**3. Personal details**

- Name: Surname:
- Occupation:
- Company:

**4. Domicillium Citandi Et Executandi**

Contact address:

Telephone:

W: Cell:

H:

E-mail:

- Height: Weight:
  - Age:
  - Passport no. Citizenship
  - Id no.
- 

**5. Name and address of next of kin:**

Tel:

Requests: (e.g. vegetarian, medical needs)

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**6. Administration details**

Type of account: Current

Account name: Intrapid cc

Bank Account : Nedbank

Account no.: 1009572563

Branch : Cape Town

Postal Details: P.O. Box 16193, Vlaeberg, 8018

Telephone: +27(21) 4614918

Fax: +27(21) 465 3161

Cell: 082 324 1188

E-mail: [raftsa@iafrica.com](mailto:raftsa@iafrica.com)

Web: [Http://www.raftsa.co.za](http://www.raftsa.co.za)

**7. Type of payment**

- 1. Cheque
- 2. Cash
- 3. Bank transfer

**8. Have you received and completed the following**

- 1. Inquiry Page
- 2. Secondary Info
- 3. Indemnity Form
- 4. Booking Conditions
- 5. Deposit Paid
- 6. Full Payment
- 7. Directions

**9. Statistics**

- How did you initially discover Intrapid Rafting?  
\_\_\_\_\_
- Do you have any prior rafting experience?  
\_\_\_\_\_
- Are you booking as a group, or individual?  
\_\_\_\_\_
- When did you last participate in commercial rafting? \_\_\_\_\_

**Have you undergone any surgical procedures that may affect your ability to maintain safe standards whilst rafting?**

See **medical** in the event of YES.

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**10. MEDICAL**

- a) **I do not suffer from one or other of the following:**
  - Uncontrolled epilepsy;
  - Liability to sudden attacks of disabling giddiness or faintness due to hypertension or any other cause;
  - Any form of mental illness to such a degree that it is necessary that I be detained, supervised, controlled, or treated as a patient in terms of the Mental Health Act, 1973 (Act 18 of 1973);
  - Any condition causing muscular incoordination;
  - Uncontrolled diabetes mellitus;
  - Defective vision, or
  - Any other disease or disability, which is likely to render me incapable of effectively maintaining safety standards to such a degree as to preclude sustaining injury to myself, or others on tour, or in any other way endangering myself or others on tour, including guides and equipment.
- b) I am not addicted to, or intend using excessively, or abusing any drug, alcohol or substance, which may have a narcotic or intoxicating effect.
- c) I attach a certificate by a medical practitioner in support of my competence, in the event that any of the above should be negative.

Signed: Name

Witness: Name

**11. Disclaimer / Indemnity**

- It is recorded that River Rafting is a dangerous activity and that any accident could lead to injury or death. As such, the client hereby records, by his signature hereto, that he understands the risks involved and that he is fully conversant with the contents hereof and hereby indemnify the Operator against any claims and waive any claims he may have as a result of such injury sustained.
- Client's bookings are accepted on the premise that the Client is fully aware of the risks inherent to River Rafting, and the client undertakes the excursions and expeditions (hereinafter collectively referred to as "tours") offered by the Company at the Client's own risk.
- The Client agrees that the Company and its members or employees shall not be responsible for loss or damage to property, or injury or illness to the client, or loss of life, or consequential damages which might occur, in any form, from any cause whatsoever.
- The Client and his/her dependants, heirs, executors, administrators and assigns, hereby indemnify and hold blameless, the Company, its members, associates, employees, representatives, organisers, helpers and agents for any or all liability, for any or all claims whatsoever arising. This without limitation from any claim (including any consequential claim) arising from any delay, loss or damage to property, or injury or illness or death arising from any cause whatsoever related or occurring during the tour.
- The Client hereby acknowledges that a contract exists between his/her executors, dependants, spouses and/or partners, to the effect that the aforementioned individuals/parties are fully aware of any risks.
- That comprehensive and adequate coverage has been invested in, which will fully and comprehensively accommodate and cater for the aforementioned individuals/parties best interests.

**Signed:**  
**Id No.:**

**Name:**

**Witness:**  
**Id No.:**

**Name:**

**In the event of being a minor, ensure that you have a letter of acknowledgement, and permission from your guardian/parent.**

**12. For Guardian**

- I,  
.....  
(please print name) as guardian, acknowledge that the minor stipulated in the booking form has my express permission and that I am fully aware of the risks associated with River Rafting, and that a letter to this effect will be submitted to the Company.

**Signed:**  
**Id No.:**

**Name:**

**Witness:**  
**Id No.:**

**Name:**