



THERON AFRICAN SAFARIS

Cell: +27 82 782 6478, Tel: +27 15 781 0470, Fax: +27 86 573 2836, No. 4 Sysie Avenue, Phalaborwa, 1390, South Africa
info@theronafricansafaris.co.za www.theronafricansafaris.co.za

PERSONAL DETAILS:

Surname: _____ First Names: _____

Date of birth: _____ Passport no: _____

Marital Status: _____ Nationality: _____

Occupation: _____

Home Address: _____

E-mail: _____ 2nd E-mail: _____

Tel. (Home): _____ Tel. (Work): _____

NEXT OF KIN:

Surname: _____ First Names: _____

Tel. _____ Email: _____

YOUR HEALTH:

Allergies: _____ Blood type: _____

Chronic Medication: _____

Any Physical impairments: _____

Any medical symptoms for the past 30 days: _____

Do you smoke: _____

COVID-19 history: _____

Any medical conditions we need to be aware of? _____



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DIETARY REQUIREMENTS:

Food preferences: _____

Food dislikes: _____

Low salt diet: YES _____ NO _____

Beverage preferences: _____

TRAVEL DETAILS:

Arrival date: _____

Departure date: _____

Arrival time: _____

Departure time: _____

Airline: _____

Are you extending your travel after the hunting safari? YES _____ NO _____

If yes, please complete:

Destination/s: _____

Duration of trip: _____

Will you be travelling via air or road travel? AIR TRAVEL _____

ROAD TRAVEL _____

Please give further details of carrier/car rental company: _____

Where will you be staying: _____

Activities during trip: _____

When will you depart back home: _____

If possible please attach a complete travel itinerary for



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RIFLE/BOW DETAILS:

Rifle hunt: _____

Bow hunt: _____

Rifle hire: _____

Own rifle: _____

Number of Hunters: _____

Number of Observers: _____

ANIMAL SPECIES WISH LIST:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Deposit paid: _____

Date paid: _____

INDEMNITY:

I, _____ being a major of sound body and mind, do hereby, on behalf of myself, my executors, assigns, heirs and dependents, indemnify and hold harmless Theron African Safaris, its officers and employees, against liability to me or my dependents for any damage that might arise out of loss of life or bodily injuries suffered by me, due to any accident or cause which may occur during or as a result of my visit to any area, or participation in Trophy hunting.

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 and bow/crossbows can be dangerous. My visit to any reserve or farm and/or my participation in Trophy hunting, are entirely at my own free will and at my own risk.

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 holds a threat to human life, or needs to be put out of misery.

I agree to pay all costs in full, that are incurred, before termination of the hunt, which may arise from my Professional Hunter taking down such wounded or life-threatening animals.

I agree that photos taken during the safari may be used for promotional and/or publicity purposes by Theron African Safaris.

This indemnity is binding to the laws of the country of the Outfitter as well as the laws of the country of the client.

Signed at _____ on this _____ day of _____ 20_____

(Signature)