



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

PHOTOGRAPHIC SAFARIS

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: _____

SAFARI DETAILS:

Arrival date: _____ Departure date: _____

Arrival time: _____ Departure time: _____

Airline: _____

Number of people in group: _____

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.

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. My visit to any reserve or farm, are entirely at my own free will and at my own risk.

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)