

AGREED WAIVER OF CLAIM

The signatory/s herein acknowledge that Border Outdoor Adventure Association, hereafter called the BOAA, organises, facilitates, and encourages a wide range of activities including associated transport which are/could be dangerous and could result in physical injury and/or death and/or damage to property.

The signatory/s herein hereto acknowledges that the participation in the activities of the BOAA is at the signatory/s sole and absolute risk, and is participated freely, voluntarily, and with consent and full knowledge of the potential risk/s and consequence/s.

I/We*, the undersigned, hereby irrevocably waives and abandons any claim/s of whatever nature that may arise for myself/ourselves*, my/our* heirs, executors and successors in title any and all rights which I/We* may have or which may hereafter accrue to me/us* against the Border Outdoor Adventure Association, and any of its representatives and officials. for any all injuries and or damages which may be sustained by myself/ourselves* directly, or for loss or damage to my/our* property arising in my/our* participation in any event, function or activity (Including transportation) of the BOAA. Furthermore I/we the undersigned indemnify/s and absolve/s the BOAA against any claim/s which may arise from whatever nature, whether such claims arise from the fault of the BOAA including negligence or otherwise.

I/We* as parent/s and guardian/s of the minor/s mentioned below consent to such minor/s being bound by the foregoing and further indemnify the BOAA to the extent, if any, to which such minor/s is/are not capable of waiving his/her rights as aforementioned.

Signed AtThis the..... day of.....200.....

Full name of member/ guardian:.....	SIGNATURE.....
Full name of spouse/guardian:.....	SIGNATURE.....
Full name of minor:.....	SIGNATURE.....
Full name of minor:.....	SIGNATURE.....
Full name of minor:.....	SIGNATURE.....
Full name of minor:.....	SIGNATURE.....

<i>Optional Information.</i>	Medical Aid:	Medical Aid No:
<i>Contact Details In Case Of Emergency:</i>	Name of Person:	Tel. No:
	Name Of Doctor:	Tel No:

FOR OFFICE USE: RECEIPT NO:	DATE:
------------------------------------	--------------