

# MPATI BUSH CAMP

## INDEMNITY NOTICE

### **Warning and Assumption of Risks:**

I, the undersigned, acknowledge and understand that engaging in activities within areas inhabited by wildlife involves inherent risks. These risks include, but are not limited to, encounters with wild animals, insects, and plants, which can behave unpredictably and/or pose potential dangers. By proceeding with these activities, I assume full responsibility for my safety and well-being and voluntarily accept the risks associated with wildlife.

### **Nature of Wildlife Risks:**

I am aware that wildlife behavior can be unpredictable and may vary depending on factors such as species, season, and habitat. Wildlife encounters can lead to injury, property damage, or other adverse effects. These risks are not limited to large or aggressive animals; even seemingly harmless creatures can exhibit defensive behaviors when provoked or approached.

### **Assumption of Responsibility:**

I acknowledge that I am responsible for assessing the risks posed by wildlife in any given situation and taking appropriate precautions to minimize these risks. This includes following recommended guidelines for safe wildlife interactions, keeping a safe distance, properly storing food and waste to avoid attracting animals, and promptly reporting any potentially dangerous wildlife sightings.

### **Release of Liability:**

I hereby release and discharge any individuals, organizations (including but not limited to Mpati Bush Camp, Abundant Life), landowners, and authorities from any liability, claims, demands, actions, or causes of action arising out of or in connection with wildlife-related incidents that may occur during my activities. I understand that I am engaging in these activities voluntarily and that the assumption of these risks is a condition of my participation.

### **Emergency Medical Care Authorization:**

In the event of an injury or medical emergency resulting from wildlife encounters, I authorize medical treatment to be administered as deemed necessary by medical professionals. I understand that any medical expenses incurred will be my sole responsibility.

### **Acknowledgment of Understanding:**

By entering this premises I acknowledge that I have read and fully understand the contents of this wildlife risk indemnity warning and acknowledge that I enter at my own risk.

I also acknowledge and respect wildlife risks and agree to take appropriate precautions for my safety.