



INDEMNITY FORM

PLEASE FAX THIS COMPLETED AND SIGNED FORM

TO 086-694-5093 or bring with on day of outing

EXCURSION	DATE OF EXCURSION

NUMBER / NAMES OF PARTICIPANTS IN THE VEHICLE:

Forum Username:			
SURNAME	FIRST NAME	ENG./AFR	DATE OF BIRTH
1. DRIVER:			
2.			
3.			
4.			
5.			

VEHICLE DETAILS:	PERSON TO BE CONTACTED IN AN EMERGENCY
Make:	Name:
Model/Year	Tel. (W)
Reg. No:	Tel. (H)
Colour	Cell:
Diesel or Petrol	
YOUR ALLERGIES:	

4X4 EXPERIENCES: How do you rate yourself?	PLEASE TICK APPROP. BLOCK	YOUR 4X4 VEHICLE ACCESSORIES?	PLEASE TICK APPROP. BLOCK
No experience:		Radio	
Average:		Rooftop Tent	
Above average:		Fridge	
Experienced:		Winch	
		2 nd Battery	
Radio Call Sign?:		Tyre Pump	
		Tyre Pressure gauge	
		Kinetic Strap	
		Recovery Hook: Front	
		Recovery Hook: Rear	

I, the undersigned, accept that the activity I am going to take part in may be dangerous. I therefore indemnify, without reservation, the organizers, THE HILUX CLUB or their employees and property owners or their employees over whose property I and/or my passengers will traverse, against any claim that may follow as a result of injuries or damage to any property, person or passenger who may accompany me on the 4 x 4 route/excursion, as well as any negligence on my side or on the side of any of my passengers, THE HILUX CLUB, their employees or representatives or any other person.

I have read and understand the contents of the BOOKING CONDITIONS & RULES AND REGULATIONS on this page one (1) of this document and have no objection to signing for the contents thereof.

DATE: _____ **SIGNATURE:** _____