PO BOX 437, MENLYN, 0063
Cell: 082 7748 529 (John de Kock)
E-mail: john@act-touring.com
Web: www.act-touring.com

REGISTRATION FORM

Today's Date:	Destination:

PLEASE PRINT

TITLE:	Mr	Mrs	Miss	Dr	Other

Surname: ___________________________________

Name: _____________________________________

Postal Address: ______________________________

____

____

Residential Address: __________________________

____

____

Contact Numbers:

(_____) _____________________________(Work)

(_____) _____________________________(Home)

___________________________________(Cell)

___________________________________(E-mail)

Date of Birth: ______________________________

ID Number: ________________________________

Passport number: ___________________________

Date of issue: ______________________________

Expiry date: ________________________________

MEDICAL QUESTIONNAIRE

Height:		Weight:
Do you have any physical condition which may limit your ability to perform for what you have applied.	YES / NO	If yes, please explain:
Do you have any chronic illness or allergies?	YES / NO	If yes, please explain:
Do you have any psychological illness (e.g. depression, schizophrenia, etc)	YES / NO	If yes, please explain:
Do you have any special dietary needs?	YES / NO	If yes, please explain:
Are you currently taking or do you regularly take any chronic medication?	YES / NO	If yes, please explain:

Contact information in the case of an emergency:

Doctor’s Name:	Tel Number:
Other contact name and surname:	
Relation:	Tel Number:

LIABILITY RELEASE AGREEMENT

INDEMNITY FORM

TO BE COMPLETED BY PERSON OVER 21

I, __________________________________ the undersigned, do hereby forfeit any claim whatsoever against Adventure and Cultural Tours, which I, my heirs, dependants, administrators, executors might have due to any public violence, political uproar, arrest, deportation or any other cause of attack, accident, sickness and/or injury and/or loss of, or damage to belongings, or any consequential loss of any nature of cause whatsoever, which may arise during or forthcoming from my involvement with Adventure and Cultural Tours,
FROM (day) _____ Month _______ 20 ___ TO (day)_____ Month _______ 20 ___
I will submit to the leadership, policy and procedures of Adventure and Cultural Tours as communicated to me. I authorize Adventure and Cultural Tours, in the event of injury, to give permission for emergency medical treatment and I agree that I will be responsible for the full payment of such treatment. I hereby confirm that I have read the above statement and that I fully understand the contents and consequences of this indemnity form.

THUS SIGNED AT ________________ ON THE ______ DAY OF _________________ OF 20 ____

Witness 1

Signature: Participant

Witness 2

TO BE COMPLETED BY PERSON UNDER THE AGE OF 21

I, __________________________________ the undersigned, hereby assisted by my parent(s) or legal guardian ______________________________do hereby forfeit any claim whatsoever against Adventure and Cultural Tours, which I, my heirs, dependants, administrators, executors might have due to any public violence, political uproar, arrest, deportation or any other cause of attack, accident, sickness and/or injury and/or loss of, or damage to belongings, or any consequential loss of any nature of cause whatsoever, which may arise during or forthcoming from my involvement with Adventure and Cultural Tours,
FROM (day) _____ Month _______ 20 ___ TO (day)_____ Month _______ 20 ___
I will submit to the leadership, policy and procedures of Adventure and Cultural Tours as communicated to me. I authorize Adventure and Cultural Tours, in the event of injury, to give permission for emergency medical treatment and I agree that I will be responsible for the full payment of such treatment. I hereby confirm that I have read the above statement and that I fully understand the contents and consequences of this indemnity form.

THUS SIGNED AT ________________ ON THE ______ DAY OF _________________ OF 20 ____

Witness 1

Signature: Parent/Guardian

Witness 2