MELKBOS 4X4

#AWAKENTHEADVENTURER

QUAD HIRE INDEMNITY FORM & WAIVER

QUAD BIKES NOT TO BE OPERATED UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

I ACCEPT THAT:

1. Entry to this area at own risk.
2. Helmets MUST be worn when operating Quad Bikes.
3. Closed shoes MUST be worn at all times.
4. I will be held responsible for my own actions.
5. The hirer/user of the quad bike acknowledges quad biking has risks, hazards and dangers that cannot be eliminated. He/she understands these risks, hazards and dangers, including without limitation, therefor the owner accepts no responsibility for damages due to loss of life, injuries, theft, damages to property or any other damages whatsoever, howsoever caused.
6. For myself, my heirs, successors, executors, I hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS, Melkbos Quad Hire, Melkbos 4x4, agents and employees, from and against any and all claims, actions causes of action demands liabilities, suits, damages, losses, costs, expenses (including reasonable attorney's fees) and NEGLIGENCE of Melkbos Quad Hire, it's members, officers, shareholders, agents or employees, or from some other cause.
7. I will be held liable for wilful damages/abuse caused howsoever, whatsoever, of the Quad Bike driven by myself.
8. The amount payable by the hirer/user for any damages caused to the quad bike shall be the amount reasonably assessed by the representatives of the owner and if the hirer/user disputes the reasonableness of such assessment, he shall nevertheless be obliged to pay the amount of such assessment, when the amount of the assessment is made known to him, subject to him receiving a refund of any excess and bearing responsibility for any shortfall.
9. Your trailer guide is in charge at all tirne - Failure to obey his instructions will result in the end of your trail without refund .**NOT NEGOTIABLE BY MANAGEMENT.**

I0. I declare that I am older than the age of 18, have read, understand and accept the terms conditions and that all information given is true. **Parental / guardian consent if under 18:**

Name and surname: .....

Contact number: .....

DATE: .....
HOURS: .....
QUANTITY: .....
DAYS: .....
COMPANY: .....
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NAME: .....
.....
ADDRESS: .....
.....
TELEPHONE: .....
CELL: .....
E-MAIL: .....
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TOTAL R: .....

NAME	ID NUMBER	SIGNATURE