



INDEMNITY FORM

ACKNOWLEDGMENT AND ASSUMPTION OF RISK:

I understand and acknowledge that participating in the hiking adventure activity involves inherent risks, including but not limited to physical injury, death or property damage. These risks may arise from various factors, such as terrain, weather, wildlife and the actions of other participants. Despite these risks, I voluntarily choose to participate in the hiking adventure activity and assume all associated risks. I understand it is my responsibility to ensure that I am physically and medically able to participate. By signing below, I also confirm that I have read and agree with the terms and conditions available on the Hyqe Club website.

PARTICIPANT INFORMATION:

- Name: _____
- Phone Number: _____
- Email: _____
- Emergency Contact Name: _____
- Emergency Contact Phone: _____
- Med Aid Scheme Name (If Applicable): _____
- Med Aid Scheme Membership No.: _____

ACTIVITY INFORMATION:

- Activity: Hiking Adventure
- Date: _____
- Location: _____

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if participant is under 18):

Date: _____