ACKNOWLEDGEMENT, ASSUMPTION OF RISK, CONSENT AND INDEMNITY

WHEREAS I (insert full names)	
will be participating in a conservation monitoring programme organized and conducted by Wildlife ACT	
	/HEREAS I am prepared to give certain warranties, indemnities and consents and make certain vledgements relating to my participation in the programme.
AND WHERE it is a condition of my participation in the programme that the said warranties, indemnities, acknowledgements and consents be recorded in writing and signed by myself.	
NOW 7	THEREFORE I record the following:
1.	I warrant that I am 18 years of age or older. Yes No
2.	I acknowledge that I am aware that the activities organized and conducted by Wildlife ACT, in which I will be participating during the programme (the activities) are dangerous and can result in personal injury including fatal injury to myself.
3.	I confirm that I fully appreciate the nature of the risks that I will be exposed to whilst participating in the activities.
4.	My participation in this activity is purely voluntary and I elect to participate in spite of the risks and I therefore voluntarily release, forever discharge, and agree to indemnify and hold harmless Wildlife ACT, its owners, shareholders, directors, members, employees or other persons contracted to Wildlife ACT, from any and all claims, demands, or causes of action, which are in any way connected with my participation in the activity or my use of Wildlife ACT's equipment or facilities.
5.	In addition to the exemption from liability detailed above I further agree that none of the above-mentioned parties shall be liable to me for any injury, harm or loss of whatsoever nature suffered by me at any time during the programme (and not only whilst participating in the activities) arising from any cause whatsoever including but not limited to illness, accident, theft, injury or death. This exemption from liability shall apply even where the injury, harm or loss referred to above is caused by the negligence of any of the parties.
6.	I further acknowledge that I have taken out comprehensive travel and medical insurance which will be in place for the entire duration of my stay with Wildlife ACT.
SIGNE	D at on this date
(NB. The statement below must be completed where the participant is a minor)	
I, the undersigned (insert full names) hereby warrant that I am the mother/father and natural guardian of the minor who is the signatory to this document and whose signature appears above. I further warrant that I am legally competent to assist him/her in the signing of this agreement and sign this document in due assistance hereby ratifying and confirming what is contained herein.	