

African Ocean Safaris

INDEMNITY FORM

I, the undersigned, on behalf of myself or my dependents, do hereby acknowledge that I am aware of and fully appreciate the nature of any risks involved in participating in the below mentioned activity with African Ocean Safaris. I do hereby indemnify and hold harmless the Owner, Skipper and Crew involved in the activity, against all and any of my/our claims, loss and/or damage which I/they may suffer or sustain during the proposed trip. I am, of my own free will, willing to take all risks upon myself and to waive expressively any claim to which I or any dependents might otherwise be entitled as a consequence of participation in this activity. And without the generality of this indemnity, I agree that I shall extend to cover all and any claims and damages in respect to disability, injury, death, medical, hospital or chemists accounts, delays, loss of income and loss of property and whether or not such claims or damages arise during the planned activity.

Once aboard, the passengers fall under the direct legal authority of the Skipper and undertake to comply with any instructions/requests made during the activity. African Ocean Safaris reserves the right to charge the undersigned for any damages they do to the vessel, her fittings or fixtures through negligence, misconduct or other means.

I, the undersigned, acknowledge that it is on the basis of this indemnity that I shall be taken aboard the vessel for the planned activity.

Planned activity description:

Signed aton this day of2025

#	Name	Signature	Next of Kin Contact
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			