







Tracker Mentoring

Original Wisdom

Contract - Indemnity, Permission, and Release

I hereby grant permission for the below named Participant to participate in any and all activities of Nature Guide Training PTY (South Africa), known henceforth as NGT, and Original Wisdom LLC (USA), known henceforth as OW, and hereby grant to NGT and OW, its owners, directors, officers, employees, contractors, agents and representatives, permission to supervise Participant in his/her participation in any and all of NGT and OW activities and to provide transportation for Participant when necessary to participate in any of NGT and OW activities. I understand that NGT and OW activities take place on property that may include certain dangers and hazards and that the NGT and OW activities themselves involve inherent risks of personal injury, property damage, illness or death. I understand that NGT and OW programs will include activities that involve inherent danger including, without limitation, tracking, awareness, philosophy, survival, bush walks, game drives, and other activities that involve dangers and hazards. I, on behalf of myself, Participant, and my and Participant's heirs, executors, legal representatives and assigns, have considered these risks and understand the potential for such damage and/or injury that may be incurred by Participant as a result of participation in NGT and OW activities and hereby assume such risks and agree to forever waive, release, discharge, indemnify, defend and hold harmless NGT and OW, its owners, directors, officers, employees, contractors, agents, successors and assigns (collectively, the "indemnitees") from and against, any and all claims, damages, suits, actions, demands and liabilities of any nature whatsoever arising out of, because of, or due to Participant's involvement in NGT and OW activities, including but not limited to, the operations of NGT and OW, the acts or omissions of NGT and OW, its employees, volunteers, representatives or other Participants, and travel provided by NGT and OW to and from or during any activities or programs offered by NGT and OW that require the Participants to travel.

I further acknowledge and agree that the activities of NGT and OW may involve substantial and often difficult and strenuous physical activities in areas with dangerous animals and circumstances. To the best of my knowledge, Participant is physically and mentally fit and able to engage in any such physical activity and if requested by NGT and OW, I agree to furnish a physician's statement to that effect. It is understood that neither NGT and OW, nor the Indemnitees, take responsibility for the physical and mental condition of Participant and









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that as Participant or parent and/or guardian of Participant, I alone am responsible for such conditions of Participant. I further attest that Participant possesses his/her own health and hospitalization policy or is named as an insured under another health and hospitalization insurance policy. I further grant NGT and OW, its employees, agents and representatives permission to take whatever action is necessary for the health and welfare of Participant including consenting on my and Participant's behalf to any and all medical treatment and/or hospitalization and further agree to hold harmless, indemnify and reimburse NGT and OW and the Indemnitees for all medical expenses incurred by either Participant or NGT and OW arising from or related to the medical or other treatment of Participant.

This Participant Permission and Release contains the entire understanding and agreement between NGT and OW and Participant with respect to the subject matter hereof, and supersedes any prior agreement, whether oral or written, between NGT and OW and the Participant. The terms of this Permission and Release shall be governed by the internal substantive laws of South Africa for NGT and the State of Connecticut, USA, for OW, without giving effect to any choice or conflict of law provision that would cause the application of the laws of any other jurisdiction.

Participant's Printed Name	Date:	
Signature of Participant (if over 18 years of age) Or Parent and/or Legal Guardian of Participant:		
Parent and/or Legal Guardian Printed Name		