



Welcome to Big Game Parks in Eswatini

BIG GAME PARKS GATE REGISTRATION AND INDEMNITY FORM

Park Name

Date

Kindly complete the following info and hand to the gate official with a form of identification (e.g. ID/Passport). Note: All Drivers must present a valid Driver's License. Please present Wild Card info on arrival at gate reception.

VISITOR DETAILS

Reservation No		Overnight Visitor		Day Visitor	
Total Guests (Total number of guests per category including Guide/Driver)	Adults (12 years +)	Children (3 – 12 years)	Babies (under 3)	Wild Card (Present proof of validity)	
Eswatini Nationals/Residents (In a local registered vehicle)					
International Guests (All foreign registered vehicles)					

VEHICLE & FIREARM DETAILS

Vehicle Registration		Trailer/Caravan Registration			
Vehicle Type & No of Seats		Motor Vehicle/Mini Bus (16 seats or fewer)	N/A	Bus (17-25 seats)	
Vehicle Make		Motorhome (Auto villa)	N/A	Bus (25-50 seats)	
Vehicle Colour		Caravan (Towed)	N/A	Bus (51+ seats)	
Firearms	Y / N	Serial #	# Live Rounds	Seal #	

NOTE: It is a prosecutable criminal offence to possess any undeclared firearm in this protected area

WAIVER & INDEMNITY

*I, the signatory, for myself and on behalf of my dependants, and family and members of my party, so far as I am able to, do hereby waive any claim which I or they may wish to make against the Trustees, staff or agents of **Big Game Parks** and any claim arising from accommodation, facilities or activities conducted or offered by them or companies or organisations associated with them, including transport to and from the Parks.*

I, and those in my party, are well aware of the dangers associated with African wildlife and nature reserves, transport in open game viewers and other vehicles, as well as, horse-riding, bicycle-riding, walking trails, mountain-climbing and swimming and waive any claim arising from these or any other activities offered or available in this Park.

*In the event any minor child in my custody or person in my party travelling with me suffering loss or damage as aforesaid, I do hereby indemnify the Trustees, staff or operators of Big Game Parks from any claim whatsoever which may be made against them by such person, or child, or the parents, guardians or dependants of this person. I have made the aforesaid persons aware of the significance of entering **Big Game Parks** and of my binding them to the conditions of entry, the waiver and indemnity and with regards to this they are in full consent. **Big Game Parks reserves the right to conduct random search** of any incoming & departing vehicle within the boundaries of the Parks being accessed or departed from.*

I further agree to abide by all Park Rules and expected conduct & declare that we are not bringing alcohol onto the premises.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my dependants and I may be exposed to or infected by COVID-19 by entering the park and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 in the park may result from the actions, omissions, or negligence of myself and others, including but not limited to, employees and other guests.

***Big Game Parks** has put preventative measures in place to reduce the spread of COVID-19; however **Big Game Parks cannot guarantee** that you will not become infected with COVID-19 whilst visiting any of our parks.*

FOR OFFICIAL USE ONLY

Initial & Print Name to confirm Proof of Identity
Checked

Initial

Print Name & Surname

Receipt Number

DRIVER & PASSENGER DETAIL, SIGNATURE AND CONTACTS													DATE:		
No.	First Name & Surname			Address						ID/Passport Number			Signature		
1.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Travelled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny Nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
2.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Travelled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny Nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
3.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Travelled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny Nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
4.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Travelled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny Nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
5.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Travelled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny Nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
6.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Travelled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny Nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No
7.	First Name & Surname			Address						ID / Passport Number			Signature		
	Travel & Contact in last 14 days			Medical Condition			Cell Phone Number			Cell Phone Number			Temperature Measured		
	Travelled to high risk area	Yes	No	Loss of taste / smell	Yes	No	Cough	Yes	No	Sore throat	Yes	No			
	Contact with confirmed COVID-19 patient	Yes	No	Runny Nose	Yes	No	Tiredness	Yes	No	Shortness of breath	Yes	No	High Fever	Yes	No