



*Limpopo Africa Safaris*

*Experience an Unforgettable Hunting Safari*

**CONTACT US**

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**Postal Address: P.O. Box 4141, Mokopane, Limpopo, 0600, South Africa**

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***Safari Reservation & Indemnity Form***

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Country: \_\_\_\_\_

Tel (W): \_\_\_\_\_

Cell or Home: \_\_\_\_\_

E-mail: \_\_\_\_\_

**To secure your dates a booking deposit of \$1000 per person must be paid. This is deductible from your final bill at the end of the trip.**

Deposit paid by (person): \_\_\_\_\_

Date Deposit Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Contact person in Case of emergency: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_



Are you on medication that we need to be aware of? Yes: \_\_\_ No: \_\_\_

If yes, please elaborate: \_\_\_\_\_

Any other medical conditions we need to be aware of? Yes: \_\_\_ No: \_\_\_

If yes, please elaborate: \_\_\_\_\_

## *Dietary Requirements*

For us to make your stay as enjoyable as possible, please tell us about your food preferences and any special dietary requirements. We will endeavour to accommodate you as far as possible:

Food preferences: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Do you require a special diet? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Beverage preferences: \_\_\_\_\_

Beer: \_\_\_\_\_ Wine: \_\_\_\_\_

## *Indemnity*

I, the undersigned, \_\_\_\_\_ (Client full name) do hereby indemnify the members and staff of Limpopo Africa Safaris and all of its associate companies, organisations or persons acting on its behalf, against any loss or damage, whether cause directly or indirectly by delays, sickness, injury or death, or loss or damage to property whether such losses or damage occurred directly or indirectly as a result of negligence or any expenses arising from such, which I may suffer whilst with Limpopo Africa Safaris or whilst under its control or custody.

I agree to abide by the decision of my Professional Hunter, to take down any trophy with his rifle, that I may have shot at, or if at his discretion, any animal that may hold a threat to human life or that needs to be put down for humane reasons. I agree to pay all costs incurred, in full, before the termination of the hunt, which may result from my Professional Hunter having to take down any such wounded or life-threatening animals.

I also further agree that any and all photographs or video material taken during the hunt or safari may be used for promotional or advertising purposes by Limpopo Africa Safaris and that I will not lay claim to any compensation for such.

Client/Hunter/Observer Name: \_\_\_\_\_

Client/Hunter/Observer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness signature: \_\_\_\_\_

(This indemnity is binding on the laws of the countries of both the Client as well as the Outfitter.)

Please keep a copy of this completed document for your own records. The original completed document must be emailed to [johang@limpopoafricasafaris.com](mailto:johang@limpopoafricasafaris.com) soon as possible and well in advance of your visit.