

FORM OF CONSENT

The undersignedcertifies that I have no pre-existing medical conditions which would cause participation in Rhodescape activities to be potentially hazardous to my health. I further certify that I take the excursion at my own risk, and that in the event of my receiving an injury I have no claim against Rhodescape.

Please inform us for any allergies and if you can swim or not.

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Other details:

(Please complete any information we should know about you)

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ADDRESS.....

TELEPHONE.....

E-MAIL.....

Signed /Signature Date

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