

LIABILITY WAIVER

Please read this page carefully

All participants in a vehicle rental are hereby informed that whilst every sincere effort is made to provide renters with a well maintained vehicle it is clear that some risk remains when renting a vehicle, for which the organizers cannot be expected to assume responsibility. Accordingly, NEITHER ARUSHA FORTES LTD NOR ITS EMPLOYEES, SUB-CONTRACTORS, SUPPLIERS, SERVANTS OR AGENTS WILL ACCEPT LIABILITY FOR ANY LOSS, INJURY, DAMAGE OR DEATH, however arising while you and/or your family and/or guests are on a climb and/or safari, or other journey including your stay in camps and lodges. Nor will they be responsible for any loss, injury, damage or death before or after a climb or safari for which they have made bookings for you for ACCOMMODATION, TRANSPORT, SAFARIS, or any other extras. These exclusions of liability do not apply if loss, injury, damage or death was directly caused by wilful misconduct or gross negligence by the management of ARUSHA FORTES LTD or of a supplier for which ARUSHA FORTES LTD is legally responsible. The entire liability shall in any event be limited to USD 5,000 per person.

We respectfully ask you each to sign a copy of this advice to confirm acceptance of the above waiver.

I, _____, have read the above Waiver of Liability and have understood it. I THEREFORE RELEASE AND DISCHARGE Arusha Fortes Ltd FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY RENTAL OF A FORTES VEHICLE, unless where explicitly accepted in this waiver. I agree this release shall be legally binding upon myself, all minors under the age of eighteen travelling with me and our heirs, successors, assigns and legal representatives. It is my intention to fully assume all risk of rental and to release ARUSHA FORTES LTD and its suppliers from any and all liabilities unless where and to the extent explicitly accepted in this waiver, always to the maximum extent permitted by law.

Names of minors covered by this waiver _____

SIGNATURE _____

DATE _____

FULL NAME AND ADDRESS (PLEASE PRINT)

WITNESS SIGNATURE _____

FULL NAME AND ADDRESS (PLEASE PRINT)
