



South African
NATIONAL PARKS

Welcome to SANParks

SANPARKS GATE REGISTRATION AND INDEMNITY FORM

Gate Name

Date

Kindly complete the following info and hand to the gate official with a form of identification for all SA, SADC and International visitors (e.g. ID / Passport). Note: All Drivers must present a valid SA Driver's / International Driver's License with a Passport.

VISITOR DETAILS

Reservation No.		Overnight Visitor		Day Visitor		Visitor Crossing the Border	
Total Guests by Country of Residence		Adults (12 years +)		Children (2 to 11 years)		Children (under 2 years)	Wild Card (Supply ID)
SA Nationals / Residents							
SADC Transfrontier Nationals <i>Mozambique, Zimbabwe, Botswana, Namibia</i>							
Other SADC Nationals <i>Angola, DRC, Lesotho, Malawi, Mauritius, Tanzania, Seychelles, Swaziland, Zambia</i>							
International All other countries							

VEHICLE & FIREARM DETAILS

Vehicle Registration		Trailer Registration	
Vehicle Type	Motor Vehicle (16 seats or fewer)	Bus (17 - 25 seats)	Bus (26 - 50 seats)
	Motorhome (Auto villa)	Caravan (Towed)	Trailer (Towed)
	Open Safari Vehicle (With Permit Only)	Cargo Carrier (Under 5 Tons)	Cargo Carrier (Over 5 Tons)
Firearms Y/N	Total Number of Firearms present in Vehicle		

INDEMNITY

I/we, the undersigned, hereby acknowledge that I/we are entering an area under the jurisdiction of **South African National Parks (SANParks)** where I/we could be subject to man-made or natural elements and where dangerous animals could be a risk.

I/we understand and appreciate fully that there are risks involved.

SANParks, its Board, directors, employees and agents are not liable for any loss or damage:

- to the property or possession of any guest or resident (or accompanying minor) whether such damage is caused by the negligent act or omission of SANParks;
- arising from death or any bodily injuries of whatsoever nature sustained by a guest or resident (or accompanying minor) whether such injuries are caused by the negligent act or omission by SANParks, and/or by the defective functioning of any apparatus.

The guest or resident and/or his/her/their estate hereby indemnifies SANParks against any claim, action, judgment, costs and/or expenses which may be made against SANParks and as may in any way be related to the above.

SANParks reserves the right to conduct random search of any incoming and departing vehicle within the boundaries of Park being accessed or departed from.

Please complete the client declaration and contact tracing form for each person in your vehicle on reverse side. Persons with temperatures above 37.3°C will be referred to management and may be denied access to the Park. Temperature will be measured at the entrance gate to the Park, and upon departure. Use second form if more than 5 persons per vehicle. COVID-19 regulations stipulate no more than 70% occupants.

Destination Camps in Park & Exit Gate				
Destination after departing the Park				

DRIVER & PASSENGER DETAILS, 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		
	Traveled 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		
	Traveled 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		
	Traveled 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		
	Traveled 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		
	Traveled 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