



DAY VISITOR ACCESS CONTROL

Full Name

Date

INDEMNITY

I accept that upon signing this permit that my colleagues and I agree to look after our safety and not endanger the safety of other people on the premises.

Further, my colleagues and I will adhere to all the rules and regulations at the dam.

By my signature below it is hereby acknowledged and recorded that I and my colleagues enter upon the property entirely at our own risk and of our own risk and of our own volition and that we will have no claim against its directors, servants, employees or agents arising out of any bodily injury or death sustained by us or any damage or destruction or any loss of my goods or property of any description whether due to the wilful act or omission, negligence, or default of directors, servants, employees or agents or to any other cause whatsoever. This undertaking and acknowledgement is binding upon myself and my colleagues, me and my colleagues heirs, executors and me and my colleagues estate.

I further certify that I am fully conversant with the rules as interpreted by South African Maritime Safety Authority (SAMSA) in their Maritime Notice No. 13 of 2007.

Life jackets are compulsory for everyone on a craft.

TIME OF ARRIVAL	
VEHICLE REG. NO.	
VISITORS NAME	
CELL NUMBER	
EMAIL ADDRESS	
WILD CARD NUMBER	
TOTAL NO. OF AUTHORIZED WILD CARD USERS	

PAYING VISITORS	
NO ADULTS	
NO PENS	
NO CHILD U/12	
TOTAL NO IN CAR	
SIGNATURE Have received my receipt and acknowledged the indemnity above	

The right is reserved by the tenants / owners /security personnel to check and search any person or vehicle or goods entering or leaving these premises.

Time

"Z" No



COVID-19 DECLARATION FORM FOR ENTRY

SITE: _____

PERSONAL DETAILS				
Full Names:		Identity Number:		
Name of Company (if company representative):				
Cell Number:		Temperature:		
Email Address:				
DESCRIPTION			YES	NO
1. Have you travelled to another province/internationally in the 14 calendar days?				
2. Have you been in close contact with any person(s) suffering from or suspected to be suffering from COVID-19 in the last 14 calendar days?				
3. Are you currently suffering from any of the following symptoms:				
• Coughing				
• Shortness of breath				
• Sore throat				
• Runny nose				
• Body pains / Headaches				
• Fever				
4. Have you been to a Medical facility e.g. Doctor, clinic or a hospital in the last 14 days which have had known Covid-19 case/s?				
IF YES TO ANY OF THE ABOVE ACCESS TO MSINSI RESORTS MAY BE DENIED.				
<p>DECLARATION: I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion.</p> <p>I further undertake to inform Msini Holdings should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.</p>				
Signature:		Date:(dd/mm/yy)		

Msinsi Holdings reserves the right of access into the reserve