"HERITAGE PARK-CREATING ECONOMIC OPPORTUNITIES FOR COMMUNITIES"

INVITATION TO PARTICIPATE IN THE 2015 HERITAGE PARK WALK

Ever heard of sweating in winter, being part of nature for four days, sharing pain and laughter with fellow walkers and then wrap it all in the thrill of finishing the walk? Well, the 2015 Heritage Park Walk is the event to participate in this winter. It takes place from Pilanesberg National Park to Madikwe Game Reserve (Vleichfontein) from 4th-8th June 2015.

WALK ITENERARY

Day 0. 4th June: Walkers meet at Bakgatla gate in Pilanesberg at 12H00.

They will then be transported to the overnight camp at Legkraal in the northern part of Pilanesberg.

| Day 1. 5th June: Legkraal | to | Kameelboom | (25km) |
|-------------------------------|------|---------------|--------|
| Day 2. 6th June: Kameelboon | n to | Dwarsberg | (34km) |
| Day 3. 7th June: Dwarsberg | to | Molatedi dam | (29km) |
| Day 4. 8th June: Molatedi dar | n to | Vleichfontein | (18km) |

Make your booking early. Participation fee is R400.00 per person. Fees are payable into North West Parks & Tourism Board Bank Account

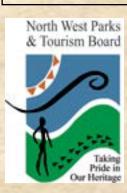
> **REGISTRATIONS OPENS from 1st April 2015** CLOSING DATE for registration: 22nd May 2015 BANKING DETAILS: FIRST NATIONAL BANK (FNB) Account Holder: North West Parks and Tourism Board Branch Code: 240 - 340 Account Number: 6200 751 6414 Reference: H P W 2015 + (Your Name Surname)

Please note the following:

- No late registration and arrival will be accepted
- No cars will be allowed during the walk
- Legkraal Gate closes at 19h00. No cars will be allowed after 19h00

Fax proof of payment (deposit slip), registration and indemnity forms to: Christina Matha 086 646 9767. It is important to bring your original deposit slip slip on registration on the 4th June.

| REGISTRATION FORM, HERITAGE | ARK WALK 2 | 013 | | | | | |
|--|------------|---------|------|-------|--|--|--|
| Mr. / Ms. / | | | | | | | |
| Residential Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Postal Address | | | | | | | |
| | | | | | | | |
| Telephone Number | Mobile | Number | | | | | |
| HEALTH STATUS | | | | | | | |
| I suffer from: | | | | | | | |
| YES NO Allergies | | | | | | | |
| Chronic illness | | | | | | | |
| Other specify | | | | | | | |
| NEXT OF KIN – NOT PARTICIPATING ON HP WALK | | | | | | | |
| Mr. / Ms. / | | - Carlo | | | | | |
| Telephone Number Mobile Number | | | | | | | |
| SIZE XXXL XXL | XL | L | М | S | | | |
| REGISTRATION FEE R400.00 PLEASE KEEP THE RECEIPT SAFE | | | | | | | |
| PAID YES | NO | | 1983 | 1-172 | | | |
| MONEY RECEIVED BY: | 7682 | - F | | | | | |
| DATE: | | | | - 12 | | | |
| DATE | | | | | | | |





PERSONAL INDEMNITY FOR HERITAGE PARK WALK 2015

PARTICIPANT GEAR (SELF PROVISION)

| In seeking to participate in the Heritage Park Walk 2015. | |
|--|--|
| [(full name): | |
| Of (residential address): | |
| Do hereby warrant and acknowledge: | |
| a) That my general health is good and there is nothing which renders me unfit to undertake such walk. | |
| o) That I understand and appreciate fully the fact that there may be risks, hazards and dangers involved in such a walk to which I would be a subject. | |
| That I voluntary assume the risks inherent in taking part in the Heritage Park walk and I absolve the organizers of the Heritage Park Walk, the North West Parks & Tourism Board and partners in the project from the liability from all or any claim that could accrue to me or my heirs, executers and administrators arising out of my participation in the said Heritage Park Walk or in any related activities and I further indemnify and hold harmless the persons referred to against any claims that may arise. | |
| Signature | |
| Signed aton this day of | |
| Witness (1)Witness (2) | |

- 1. Camping Tent
- 2. Sleeping Bag
- 3. Sleeping Mattress
- 4. Camping Chair
- 5. Rain Gear
- 6. Adventure / Hiking Boots
- 7. Back Daypack
- 8. Torch or Headlamp
- 9. Eating Utensils
- Plate/ Bowl
- Spoon/ Fork
- Coffee Mug
- 10. Toiletries & Washing Basin
- 11. Sunscreen
- 12. Insect Repellent
- 13. Blister Treatment Products

(Adhesive Pads for Blisters, Cramps Medication)

- 14. Personal first aid kit
- 15. Chronic Medication
- 16. A rope to tie your belongings together while in transit

FOR MORE INFORMATION CONTACT:

CHRISTINA MATHA (082 675 8524)

OUPA MODISE (082 967 7866)

SIMON MALEKA (014 555 1425) (082 937 4910)

EPHRAIM MOREI (082 801 1222/ 014 555 1619)