AFRICA RIDING ADVENTURES TOURS

DECLARATION OF RESPONSIBILITY

I the undersigned ………………………………………………………………………………..……..

Address   ………………………………………………………………………………………………………

Passport / ID no. …………………….……….. issue date …….…………………… expiry date…………..………….

Booked on the   ……………………………….…………..…………………………………….…………… Tour

Duration ……………… days,

organized by *Africa Riding Adventures Tours*, relieve the organization from any liability, loss, damage, injury or cost whatsoever caused directly/ or indirectly by, or as a result of the tour to myself, family, heir or assigns, third parties and/or property caused by the conduction of any vehicle utilized by myself during the above mentioned tour regardless the type of road surface.

Africa Riding Adventures Tours cannot be held responsible for any human loss or harm such as sickness, injury or death. In case of accident *Africa Riding Adventures Tours* is only under the obligation of contacting my medical insurer to organize for hospitalization or evacuation or in the lack of this, the person I nominate as responsible for all the procedures, including financial expenses. Any financial outgoings incurred by *Africa Riding Adventures Tours* arranging for hospitalization or evacuation will be reimbursed by myself or the person I nominate as responsible.

The laws of Ethiopia govern *Africa Riding Adventures Tours* liability to passengers transported in its vehicles and all claims are subjected to the jurisdiction of the courts of Ethiopia in which the cause of action arises.

All passengers have to abide by the Ethiopian law including road regulations.

Although every possible care is taken to safeguard the tour participant and their property *Africa Riding Adventures Tours* accepts no liability or responsibility for loss or damage of/to any personal effects.

Any damage (excluding normal wear and tear) caused by myself to the vehicles (cars and motorcycles) used during the tour not covered by the insurance (third party and theft) will be refunded by myself to *Africa Riding Adventures Tours* in accordance to the laws of the country.

Name and Surname: ....

Signature: ....

Date: ....