



## Annual Access Application Hero Adventure Trails / Paarl Adventure Trails

Welcome to the Hero family .Hero Adventure Trails exist to enable you to better yourself ,By signing up as a Hero Adventure Trails / Paarl Adventure Trails member you will become part of a world filled with excitement , entertainment and community .

### Option

This gives you unlimited access to all

- Hero Adventure Trails wherever they are located .
- The Paarl Adventure Trail Network

### **Cost**

A) Children ( under age of 13 ) = R450.00

A ) Students ( 13-18 ) and Pensioners ( over age of 60 ) = R750.00

B ) Adults ( 18 years and older ) = R1000.00

C ) Family Membership ( 2 Adults and 2 students / Kids ) = R2450.00 ( extra children added are R350.00 each )

### **DETAILS:**

- Hero Adventure Membership runs for 12 months 1 January – 31 December providing acceptance and payment . If you sign up during this term pro rata payments may apply and calculated by Hero Representative please allow for 14 days before receiving Membership Board / Band . but you may use proof of payment as as proof of activation
- Unlimited access and usage of trails at Hero Adventure and Paarl Adventure Trail ( Please note Strict usage hours)
- **There are usage hours wich need to strictly be adhere to for safety reason as well as consideration for land owners privacy**  
Hero Adventure Trails – Rhebokskloof : Sunrise to Sunset Daily ( trail usage at night is strictly prohibited unless agreed with Hero Adventure )  
Hero Adventure Trails – Spice Route : Sunrise to Sunset Daily ( trail usage at night is strictly prohibited unless agreed with Hero Adventure )  
Hero Adventure Trails – Malmesbury: Sunrise – 18:00 daily Sunrise to Sunset Daily ( trail usage at night is strictly prohibited unless agreed with Hero Adventure )  
Paarl Adventure Trail Network : 07:00 – 17:00 daily ( trail usage outside these hours is strictly prohibited ) . We have worked hard to get the landowners pemsion for land usage and have agreed to the above usage hours . PLEASE respect these hours and the landowners privacy . if not we could loose the right to use there property . if you would like to use the trails earlier or later ,plan accordingly and use Rhebokskloof or spice route outside the Paarl Adventure Trails usage hours
- Please note that there are varing hours that Hero Representatives are at Reception , As a member is is still compulsory to inform Hero Adventure that you are on the trails for safety and security reasons . this must be done by sms or Whasupp to 0833842976 before you start your ride , with details of what trail you are using .Please also inform family and friends that you are on the trails for saftey reasons .
- Please save this number on your phone as a contact for Hero Adventure – 0833842976 / 0760225141
- **IT IS COMPULSORY TO DOWNLOAD THE MY SOS PHONE APP** and make use of it when you use the trails

Failure to comply with the above could result in immediate cancelation of membership ( non refundable )

### **Emergency Protocol**



- It is compulsory to download the My SOS App and use it when on the trails
- Hero Adventure : 0833842976 / 0760225141
- Security : 0826545523 / 10111
- Immediate Medical : 0715016007 / 0219370500

- Snake Reptile bite : 0861555777 / 0219316129
- Fire : 0218721970
- Search and rescue : 0219370300
- Hospital : 0218602500

**Compulsory gear required for activities**

Mountain biking (Personalised Hero Adventure Bike Board)

Running /Obstacle Training / Walking / Hiking (Branded Waist Band R150.00 each) . it is compulsory to purchase a band if you will be doing these activities

It is also vital when using the trails that you have your phone with you and enough refreshments . we do not advise riding/running alone as there are Technical sections and safety is key , please make use of these trails with a friend

<b><u>Main Member</u></b>			
Title:		Nationality:	
First Name/s:		E-mail Address:	
Surname:		Telephone no. (H):	
ID Number:		Telephone no. (W):	
Date of Birth:		Cell Number:	
Gender:		Marital Status:	
		Hero Adventure Branch:	
Member 2 First Name		Member 2 Surname	
Member 2 id Number		Member 2 Board name	
Member 3 First Name		Member 3 Surname	
Member 3 id Number		Member 3 Board name	
Member 4 First Name		Member 4 Surname	
Member 4 id Number		Member 4 Board name	
Medical Aid:		Medical Aid Number:	
Postal Address:			
Residential Address:			
Access Option			
<b>Contact in Case of an Emergency</b>			
Emergency Contact:			
Emergency Contact No.:			
<b>Bank Account Details (into which Full Upfront Payment should be made , once done mail Proof of Payment with forms to yolandi@hero-adventure.co.za</b>			
Account Name	Little Hero Adventure		
Ref to be Used	Your name , Hero Membership	Account Number	371043859
Type Of Account	Business Current Account	Branch Code	120600
Bank	Standard Bank	Branch Name	Clearwater

Please use Reference as main member full name on all EFT Transfers

**MEMBERSHIP DETAILS:**

By my signature to this agreement, I acknowledge and confirm that this agreement was completed in full prior to me signing the same, and I warrant that all information therein contained is true and correct and that I abide by these terms and conditions.

_____ SIGNATURE (MEMBER)	_____ SIGNATURE (ASSISTED)	_____ CAPACITY	_____ SIGNATURE (PAYER)	_____ DATE
_____ SIGNATURE (COMPANY)	_____ DATE		_____ SIGNATURE (ASSISTED)	_____ CAPACITY

**1. Personal Medical History:**

Have you suffered, or do you suffer from any of the following medical conditions? (If Yes, Please Tick)

- |                                |                          |                                   |                          |
|--------------------------------|--------------------------|-----------------------------------|--------------------------|
| a. Heart Disease               | <input type="checkbox"/> | b. Stroke                         | <input type="checkbox"/> |
| c. High Blood Pressure         | <input type="checkbox"/> | d. High Cholesterol               | <input type="checkbox"/> |
| e. Exercise Induced Asthma     | <input type="checkbox"/> | f. Asthma                         | <input type="checkbox"/> |
| g. Insulin Dependent Diabetes  | <input type="checkbox"/> | h. Non-Insulin Dependent Diabetes | <input type="checkbox"/> |
| i. Peripheral Vascular Disease | <input type="checkbox"/> |                                   |                          |
| j. Allergies (Please Specify)  | <input type="checkbox"/> |                                   |                          |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

None of the above  
k.

**2. Medication:**

Are you currently on any chronic medication? Yes  No

Please Specify Medical Condition and Name of Medication

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Present Symptoms:**

Do you suffer from any of these medical conditions?

- |  |                          |
|--|--------------------------|
| a. Any flu-like symptoms (fever and / or muscle pains)                   | <input type="checkbox"/> |
| b. Frequent wheezing / coughing  | <input type="checkbox"/> |
| c. Ankle oedema  | <input type="checkbox"/> |
| d. Known heart murmur  | <input type="checkbox"/> |
| e. Frequent Fainting and / or dizzy spells                               | <input type="checkbox"/> |
| f. Palpitations  | <input type="checkbox"/> |
| g. Shortness of breath at rest or with activity                          | <input type="checkbox"/> |
| h. Intermittent claudication (ache, cramp, numbness or sense of fatigue) | <input type="checkbox"/> |
| i. Unusual fatigue with usual activities                                 | <input type="checkbox"/> |
| j. None of the above   | <input type="checkbox"/> |
| k. None of the above   | <input type="checkbox"/> |

Do you currently suffer from any physical ailment / injury?

- |                           |                          |
|---------------------------|--------------------------|
| a. Bone                   | <input type="checkbox"/> |
| b. Joint                  | <input type="checkbox"/> |
| c. Ligament               | <input type="checkbox"/> |
| d. Muscle                 | <input type="checkbox"/> |
| e. Other (Please specify) | <input type="checkbox"/> |
| f.                        | <input type="checkbox"/> |

\_\_\_\_\_  
\_\_\_\_\_

None of the above  
g.



If you have answered yes to any of the health-related questions above you may be at risk during cycling / exercise and are strongly advised to get medical clearance before starting cycling , Running, swimming , paddling , Obstacle training and other activities . Hero Adventure, its employees, subsidiaries or associates takes no responsibility or liability in any way for any illness, injury or death that may occur when exercising or participation whatever the consequences.

I have read the above disclaimer and agree to cycle, Run, Swim, Paddle and participate in any exercise entirely at my own risk.

\_\_\_\_\_  
SIGNATURE (MEMBER)

\_\_\_\_\_  
DATE

#### GENERAL TERMS AND CONDITIONS (Hero Adventure)

1. These terms and conditions are subject to change at any time giving 30 days written notice.
2. Hero Adventure trails reserves the right to withdraw any product at any time giving 30 days written notice.
3. When the above upfront balance reaches zero, the membership will be cancelled, unless renewed explicitly by the member.
4. All notices and processes may be validly served to the member's residential address, which is hereby selected as the member's domicilium citandi executandi. This address is as stated in the Membership Agreement.
5. In the event of one or more of these terms, conditions, rules and regulations being unenforceable they will be regarded as removed - the remaining clauses are still deemed valid.
6. Hero Adventure is authorised to store the member's personal information and market related products to them.
7. Hero Adventure reserves the right to send the member operational messaging by whatever channel is deemed appropriate. Operational messaging relates specifically to feature/functionality of your membership , Newsletters and Park Info.
8. Hero Adventure reserves the right to contact the member with marketing related offers from time to time. The member may elect to unsubscribe from these communications at any point.
9. All members with unpaid accounts will be suspended from all member privileges. These will be reinstated once all arrears have been settled.
10. I and/or my estate hereby indemnify The Company/ landowner / representative against any claim by myself or any person arising directly or indirectly from my death, injury, loss, or damage suffered by me or any person as a result of my use of the facilities or services, whether it be allegedly caused or contributed to by an act or omission by The Company, its directors, employees, contractors, consultants and agents.

#### FEEES, SUSPENSIONS AND RESIGNATIONS

1. Membership is for a period of 12 months , where after it must be renewed
2. All Benefits associated to the Hero Adventure Parks shall be suspended whilst the main membership is suspended.
3. A joining fee will be applicable where the member has cancelled and later re-joins.
4. **A member will be subject to an annual increase in membership fees of the Membership Agreement, irrespective of any suspensions having taken place on the Membership Agreement. Hero Adventure reserves the right to implement discretionary fee changes at any time.**
5. Different suspension fees apply to the different main products from which the member is being suspended.

#### MEMBERSHIP AGREEMENT TERMS & CONDITIONS (CYCLE PARK AND RIDING FACILITIES)

1. I will be entitled to utilise and access the Hero Adventure Trail and Partner facilities of the Company in accordance with my Membership Type from the start date, subject to the payment of the appropriate membership fees and signature of this agreement. The Company may at any time withdraw all or part of its facilities for any period in connection with the repair, alteration or refurbishment of the facilities or for any reasons beyond the control of the Company.
2. In the event that my bank details and/or personal details change, I undertake to update the information by means of the 'Change of Details' form, which can be found at the reception desk at the facility.
3. The Company reserves the right to cancel this agreement should I breach any of the terms and conditions of this agreement including the Rules and Regulations that are in force currently. I confirm that I have familiarised myself with the Rules and Regulations of The Company.
4. If the facility ceases to operate, for whatever reason and access is no longer possible, then my membership shall be terminated and I shall have no claim against the Company, save for a refund of a pro-rata amount of pre-paid membership fees, if any.
5. No Rouge usage is allowed , any person making use of the trails must be a member or registered and paid for the usage , if found not doing this Hero Adventure have the right to immediately suspend the person/member or person using the facilities with a member

#### HERO ADVENTURE MEMBERSHIP

1. I agree to abide by the individual Code of Conduct, Rules & Regulations of the Hero Adventure to which I am affiliated (as specified above).
2. These Terms & Conditions, Rules & Regulations are subject to change and are available from Hero Adventure to which I am affiliated
3. Re-activation of a suspended membership will carry a fee.
4. I agree to ensure I carry a Mobile phone with me at all times and have emergency contact details of each park on my phone

**Indemnity for all Hero Adventure Parks and once signed covers every visit at all parks for as long as person is a member**

I/ we Acknowledge and give my full consent that this Full Indemnity applies once entering a Hero Adventure .I/ We give full consent to the below conditions for as long as I visit any Hero Adventure trails / Paarl Adventure Trail and I acknowledge and accept that by entering this premises ,I agree that I will not have to sign another indemnity again for these Venues and accept the conditions below unconditionally and for every time I visit the premises

I/We hereby acknowledge that I/we enter the premises of HERO Adventure trails / Paarl Adventure trail entirely at my/our own risk. I/we acknowledge that I/we are well acquainted and fully aware of and accept the real dangers and risks that are associated with visiting /using the facilities, Reserve, Lake, Dam,Pool,Mountain biking , Running ,Hiking , Obstacle Trails and all other features at HERO Adventure arising from activities/presence of wild and dangerous animals/reptiles, birds, insects and the risk of suffering bodily harm, injury, death ,I fully indemnify Hero Adventure and all associated parties from any Theft and or loss to property which may arise as a result of the activities and or presence at HERO Adventure . I/we are fully aware that there are no lifesaving or medical facilities of any nature provided. I/We hereby acknowledge that I/we are aware of the risks involved in open water swimming , fishing,canoeing,boating,mountain biking ,running ,Obstacle and trail usage and all other activities which are or may be offered at Hero Adventure and all associated trails and accept such risks. I/ We hereby confirm and acknowledge that I/We are fully capable, fit and knowledgeable and experienced to use ,take part ,compete in the necessary activities, and features at HERO Adventure

I/We hereby waive all claim or claims of whatsoever cause or nature weather being of a negligent nature or not , or loss howsoever arising against the owners of HERO Adventure , there associates ,employees or any person or company connected weather directly or indirectly with the running of the Venue and fellow guests/invitees which I/we might have arising out of harm,injury,death or loss suffered whilst on the premises , and weather arising from an act of commission or omission on the part of those hereby indemnified or any one of them. I/We therefore indemnify and hold harmless and free the owners of HERO Adventure ,there associates ,employees and or any person connected whether directly or indirectly with the running of activities and fellow guests /invitees from any and all claims of whatsoever cause or nature which may arise on behalf of my spouse/ common law wife/husband,children , weather minor or adult or relative and or persons accompanying me to the Hero Adventure venue and weather arising from an act of commission or omission on the party of those hereby indemnifies or anyone of them .

No Helmet no ride, Swimmers must wear bright swim caps, canoeists must have life vests, Runners / walkers/hikers / Obstacle training must have waist/wrist Belts. All children under the age of 16 years old must be accompanied by an adult on trails . it is also your responsibility to get the relevant emergency number of this venue and ensure you are able to make contact with the office or emergency number

By Order  
Hero Adventure

**By my signature below I agree to the terms and conditions as specified above.**

_____ SIGNATURE (MEMBER)	_____ SIGNATURE (ASSISTED)	_____ CAPACITY	_____ SIGNATURE (PAYER)	_____ DATE
_____ SIGNATURE (COMPANY)	_____ DATE		_____ SIGNATURE (ASSISTED)	_____ CAPACITY