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SANBONANI HOLIDAY SPA SHAREBLOCK LTD

REGISTRATION FORM AND INDEMNITY

SURNAME : _____ CHALET NO: _____ (KEY CARD IN ENVELOPE)

INITIALS : _____

ADULTS: _____ CHILDREN : _____ TOTAL: _____

ARRIVAL DATE : _____ DEPARTURE DATE: _____

EMAIL ADDRESS: _____

POSTAL ADDRESS : _____

_____ POSTAL CODE : _____

CELL: _____ TELEPHONE : (H) _____ (W) _____

CAR REGISTRATION NUMBERS: -

1. _____ 2. _____ 3. _____

OWNER	<input type="checkbox"/>	FLEXICLUB / CLUB LEISURE	<input type="checkbox"/>
RCI	<input type="checkbox"/>	HOLIDAY CLUB	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	RENTAL	<input type="checkbox"/>

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 Resort. Temperature will be measured at the Main Gate of the Resort.

DISCLAIMER AND CONDITIONS OF STAY

The Proprietors, Subcontractors, Hotel Operators, Managers and their staff, will not be held responsible for any damages of whatsoever nature; including injuries or death that any guest may suffer, through the use of any facilities, during his/her stay at this Resort and hereby indemnifies the Proprietors, Subcontractors, Hotel Operators, Managers and their staff against same. The pool area is not fenced in and there is no Lifeguard on duty. Children must be supervised at all times in the Resort, Pool and Central complex area. The guest further acknowledges that he/she has been warned about the presence of wild animals and reptiles, especially Hippopotami and Crocodiles on the premises and bordering rivers and hereby accepts full responsibility thereof for himself/herself and his/her family and any others under his/her control.

The Sanbonani Team are committed to doing all we can, to minimize exposure to the SARS-CoV2 virus however, responsibility also lies with the main member, see signature below, who is responsible for all members in his/her party.

IT IS YOUR RESPONSIBILITY TO SETTLE YOUR TELEPHONE / LAUNDRY / MEALS & BREAKAGES ACCOUNTS BEFORE YOUR DEPARTURE.

I, have read and understood the above disclaimer and take responsibility for all guests staying in the Chalet with me.

SIGNATURE : _____ DATE : _____

RECEPTIONIST: _____

As per the Disaster Management Act published on 17th March 2020 – Please complete the Sanbonani Resort Medical Profile Form. Note – All information provided will only be shared with authorised persons.

2. Name/Identification of all parties occupying the Chalet: (Must be completed by all guests occupying the chalet)

Only 6 Persons allowed in a 2 Bedroom / 6 Sleeper & 8 Persons in a 3 Bedroom Chalet. Includes children of All ages.

1	First Name & Surname			Address						ID/ Passport Number			Signature		
	Travel & Contact in last 14 Days			Medical Condition			Cell Phone Number						Temperature Measured		
	Travelled 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						Temperature Measured		
	Travelled 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						Temperature Measured		
	Travelled 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						Temperature Measured		
	Travelled 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						Temperature Measured		
	Travelled 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
6	First Name & Surname			Address						ID/ Passport Number			Signature		
	Travel & Contact in last 14 Days			Medical Condition			Cell Phone Number						Temperature Measured		
	Travelled 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
Additional 2 persons 3 Bedroom / 8 Sleeper Maximum Number.															
7	First Name & Surname			Address						ID/ Passport Number			Signature		
	Travel & Contact in last 14 Days			Medical Condition			Cell Phone Number						Temperature Measured		
	Travelled 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
8	First Name & Surname			Address						ID/ Passport Number			Signature		
	Travel & Contact in last 14 Days			Medical Condition			Cell Phone Number						Temperature Measured		
	Travelled 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