



"listen to the silence."

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AIRSTRIP INDEMNITY

I hereby request permission to use the airstrip at Shinya Investments (PTY) Ltd t/a Zebra River Lodge and accept the following terms.

- The airstrip is unlicensed, privately owned, unregistered and unmanned with an 900m (approximately) long gravel strip.
- I hereby indemnify Shinya Investments (PTY) Ltd t/a Zebra River Lodge, their owners, directors, employees or agents against any loss or damage to aircraft, property or persons howsoever caused. I accept that I use the airstrip entirely at my own risk.
- I have familiarised myself with the airstrip and environment and I am satisfied with its suitability for the intended aircraft type and weight.
- I will adhere to all air navigation regulations (ANR) with regard to use an unmanned airstrip and the following rules that apply to Zebra River Lodge's airstrip.
- I/we undertake that the contents of this indemnity undertaking have been advised to, and accepted by, the Insurers of the aircraft and that such Insurers have agreed to waive any and all rights of recourse against Shinya Investments (PTY) Ltd t/a Zebra River lodge, their owners, directors, employees or agents howsoever such rights may arise.

Please note:

- ☞ Avoid over-flying any buildings, structures or telephone lines
- ☞ Avoid excessive use of braking
- ☞ Keep a good lookout for any animals or birds as the airstrip is not fenced
- ☞ The use of the airstrip is prohibited without the completion and adherence to this form

SIGNATURE: _____ **DATE:** _____

Please state name of guest/group: _____ Booking no: _____

Aircraft Type and Registration: _____

Owner/ Operator/ Pilot (please state which): _____

Full name and ID/Passport number: _____

Date and time of arrival: _____ (to arrange collection at airstrip if needed)

Date and time of departure: _____ (to arrange drop-off at airstrip if needed)

Co- ordinates of airstrip S 24° 31.779 " E 16° 18.041"

On completion of above, please email back to us on: zebrariverl@gmail.com
or eden@africaonline.com.na

SIGNATURE: _____ **DATE:** _____