wakaama
Outrigger / Va'a / New Zealand

TEAM - EVENT WAIVER and AUTHORITY FORM

Te Waka o Aoraki Regional Sprints

Team Name_____Club_____

Category entered_____

I/We declare that:

1. My/Our accepted entry will not be transferred to another entrant.
2. In the event of any "act of God" conditions causing a cancellation of the event, my/our total entry fee is not transferable or refundable.
3. I/We acknowledge that there are risks involved with Waka Ama and fully realise the dangers of participating in an event such as this and fully assume the risks associated with such participation and my wellbeing during the event.
4. I/We understand and agree that situations may arise during the event, which may be beyond the immediate control of officials or organisers, and I/we must continually participate in a manner that does not endanger either myself/ourselves or others.
5. Neither the organisers, the sponsors nor other parties associated with the event shall have any responsibility, financial or otherwise, for any risk incident that might arise, whether or not by negligence, from any direct or indirect loss, injury or death that might be sustained by me/us or any other party directly or indirectly associated with me/us, from my/our intended or actual participation in the event or its related activities.
6. I/We authorise my/our name, voice, picture and information on this entry form to be used without payment to me/us in any broadcast, telecast, promotion, advertising, or any other way pursuant to the Privacy Act 1993.
7. I/We agree to comply with the rules, regulations and event instructions of the Te Waka o Aoraki Regional Sprints.
8. I/We consent to receiving medical treatment which may be advisable in the event of illness or injuries suffered during the event.
9. I/We confirm that I/we can swim 50 Metres/OR those that cannot swim 50 Metres will wear a PFD during the race.

If Competitor is under 18 the Waiver must be signed by Parent or guardian. Please ✓ if so.

Date	Paddlers full name	Signed	✓Parent/guardian signed.	Medical Conditions	Date of Birth