



INDIVIDUAL EVENT WAIVER / AUTHORITY FORM

Event hosted by Whitianga Waka Ama Inc and sanctioned by Waka Ama New Zealand

Full Name: _____ Club: _____

Category Entered: _____

I declare that:

- 1) My 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 entry fee is not transferable or refundable
- 3) I 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 understand and agree that situations may arise during the event, which may be beyond the control of officials or organisers, and I must continually participate in a manner that does not endanger myself or others
- 5) Neither the organisers, 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 or any other party directly or indirectly associated with me, from my intended or actual participation in the event or its related activities
- 6) I authorise my name, voice, picture and information on this entry form to be used without any payment to me in any broadcast, telecast, promotion, advertising or any other way pursuant to the privacy act 1993
- 7) I agree to comply with the rules, regulations and event instructions of Cathedral Cove Challenge officials or organisers
- 8) I consent to receiving medical treatment which may be advisable in the event of illness or injuries suffered during the event
- 9) I confirm I can swim 50m

If Competitor is under 18 the Waiver must be signed by Parent or guardian.

Full name of competitor : _____

Signed: _____ Date: _____

Full name of parent/guardian: _____

Signed: _____ Date: _____

Contact: wakawhiti@gmail.com

Once entry is in please make payment to: Whitianga Waka Ama 02 0496 0127653 000 Please use your name and division as a reference.