WHAKARAUPŌ CHASE

EVENT WAIVER and AUTHORITY FORM (one form for each team/crew)

Team	Club:	Category:
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I/we declare that:

- 1. My/our accepted entry will not be transferred to another entrant.
- 2. In the event of any extreme water conditions, state of emergency or natural disaster 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 must continually participate in a manner that does not endanger either myself 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 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/we authorise my/our name, voice, picture and information on this entry form to be used without payment to me 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 Pioke Pursuit.
- 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 confirm that I will wear a PFD during the race.

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

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