**WAKA AMA NEW ZEALAND**

**INDIVIDUAL/DOUBLES EVENT WAIVER and AUTHORITY FORM**

**Rise of the Rangatahi**

**2km – 4km distance racing**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Waka number\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 total   
   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 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 authorise my 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 agree to comply with the rules, regulations and event instructions of the Rise of the Rangatahi event.
8. I agree to carry all compulsory safety equipment stated in the event Panui.
9. I consent to receiving medical treatment which may be advisable in the event of illness or injuries suffered during the event.
10. I confirm that I will wear a correctly fitted PFD during the race
11. I agree to comply with the Ministry of Primary Industries directed biosecurity requirements as set out in the Te Arawa Lakes [Controlled Area Notice](https://www.mpi.govt.nz/dmsdocument/68265-Controlled-Area-Notice-Corbicula-flumineaTe-ArawaLakesConsolidated-2025)

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