



EVENT WAIVER / AUTHORITY FORM FOR THE CATHEDRAL COVE CHALLENGE

Event held by Whitianga Community Waka Ama and sanctioned by Waka Ama NZ

Team Name: _____ Club: _____

Category (Please Circle) Women Mixed Men

J16 J19 Open Master Snr Master Gld Master Master70

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 control of officials or organisers, and I must continually participate in a manner that does not endanger 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 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 OR if I cannot swim 50m I will wear a PFD during the race

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

<u>Date</u>	<u>Paddlers full name</u>	<u>Signed</u>	<u>Parent/ Guardian</u> ✓	<u>Medical conditions</u>	<u>Year of birth</u>

Contact: lislandandy@gmail.com Phone: Club President Peter Corbishley 027 320 5788

Once entry is in please make payment to: Whitianga Community Services Trust 03 1578 0004256 00 Please use your team name, race number and division as a reference.