

INDIVIDUAL FORM

EVENT WAIVER and AUTHORITY FORM

Note: If paddling in W2 race, please ensure each paddler fills in an individual form.

CLUB: _____ RACE DIVISION: _____ CIRCLE: **W1 / W2**

COMPETITOR'S NAME: _____ DATE OF BIRTH: _____

MEDICAL CONDITIONS: _____

I declare that:

1. My accepted entry will not be transferred to another entrant.
2. In the event of any natural or unnatural conditions causing a cancellation of the event, I accept my total entry fee is not transferable or refundable.
3. I acknowledge that there are risks involved with participating in 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 or 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 **WAIKATO AWA RACE 2017**.
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 that I can swim 50 metres or if I cannot swim 50 metres I will wear a PFD during the race.

Upon signing this declaration, I acknowledge that I have read and understood the terms of my participation in this race and I have provided accurate information. In the event that I breach the conditions of entry for this race, I accept I may be disqualified without notice and without refund.

COMPETITOR'S SIGNATURE: _____ DATE: _____

If a competitor is under the age of 18 years, the waiver must be signed by parent or guardian.

FULL NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____