**Auckland**

**Waka Ama Open Day**

**Mt Wellington, Ian Shaw Park, Panama Rd, Auckland**

**Sunday 9th April 2017**

**Time 11:00am – 1:00pm**

**Registration Form**

**Details**

|  |  |
| --- | --- |
| **Are you registering as a participant or volunteer?** |  |
| **First name** |  |
| **Last name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Participants- Disability/Impairment**  |  |
| **Phone (Mobile)** |  |
| **Phone (Home)** |  |
| **Email** |  |
| **Participants - Type of Assistance required****(outline any important physical/emotional or other conditions that may assist organisers and volunteers in making the day enjoyable for the participant)** |  |

**Please tick the appropriate boxes.**

 **(1.00 pm – 3.00 pm)**

|  |  |
| --- | --- |
|  | W12 |
|  | W6 |

**Emergency Contact**

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Phone (Day)** |  |
| **Mobile phone** |  |
| **Email** |  |

Note: leave unchecked if you do not wish to give consent

**Media and Image Consent**

In order to promote the core disability sport work of the Halberg Disability Sport Foundation, we often use those attending events associated with the Foundation in online, print and social media, as well as public relations material, photos and video footage. All material collected is used specifically to enhance the work of the Halberg Disability Sport Foundation. Images and content may also be supplied to external news media and supporters or sponsors of the Foundation to further achieve this goal. It is important for our ongoing success that we continue to develop this material. While we would normally ask for consent for use of these images, the live broadcast component of this event prohibits us being able to exclude individuals. By proceeding, you accept that your image may appear online, in print and/or social media.

**Consent for use of images in media?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**Event Consent**

* I acknowledge that there are risks involved with all sports, realise the dangers of participating in an event such as this, and fully assume the risks associated such participation and my wellbeing during the event.
* I agree to comply with the rules, regulations and event instructions of the organisers of the day and to follow the instructions of the officials in all instances.
* I understand and agree that situations may arise during the event, which may be beyond the immediate control of the officials or organisers, and I must participate in a way that does not endanger myself or others.
* 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 m intended or actual participation in the event or its related activities.
* I consent to receiving medical treatment that me be advisable in the event of illness or injuries received during the event.
* By checking yes to this option, I confirm that I am the parent/guardian of the registered person where they are aged under 18 years of age.

**Consent to participation in event?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**Shared Details Consent**

* I agree that the Halberg Disability Sport Foundation may share my details with other government or not-for-profit parties servicing the disability sport sector on the understanding that this information sharing is based on improving access to services and not for commercial gain.
* By ticking yes to this option, I confirm that I am the parent/guardian of the registered person where they are aged under 18 years of age.

**Consent to share your details with other disability sports bodies?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**If you need more info –**

MOTIVATION P+us

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