Waiver - Regional Secondary School Sprints

Date _____

W6 Team / W1 Paddler name _____ School _____

Category entered _____ Manager _____

I declare that:

1. The 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, entry fees are 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 Hoe Tonga Waka Ama Association.
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 will wear a personal flotation device during the race.

If Competitor is under 18, the Waiver must be signed by a parent, guardian or teacher.

Paddler’s full name	Date of birth	Medical conditions	Signature	Parent/ guardian/ teacher signature if under 18