

TEAM NUMBER: \_\_\_\_\_

## Heights of Winter, Kaituna, 2017

### Indemnity and Emergency Contact

Teams will not be registered until the following information has been completed and presented at the administration desk.

#### Indemnity (signed by each member of a team)

We, the undersigned, acknowledge that the Event Organisers, NZ Rogaining Association, and the owners of the land used for this event accept no liability for any loss, damage or injury to ourselves (including vehicles at the event venue) resulting from our participation in this event. We understand that this event is organised and staffed by volunteers. We enter this event at our own risk and acknowledge that there may be risks associated with the sport of Rogaining, and that we are essentially responsible for our own safety. We will comply with safety requirements set out in organiser's briefings, and agree to abide by the New Zealand Rogaining Association Code of Conduct as on the website, [www.rogaine.org.nz](http://www.rogaine.org.nz).

| Print Name | Signature <sup>1</sup> | Date | Date of birth |
|------------|------------------------|------|---------------|
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|            |                        |      |               |
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#### Emergency Contact for each member of your team:

| Your Name and Car Registration Number <sup>2</sup> | Emergency Contact <sup>3</sup> (not a competitor) Name, Full Address, Phone No. | Allergies or Medical Condition <sup>4</sup> |
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#### NOTES:

1. A parent or guardian must sign the indemnity form on behalf of a competitor under the age of 18.
2. Registration number of the car you travelled in and parked at the event centre or write "Bus" if you travelled by bus.
3. Supply the name, address and telephone number of a person to contact in the event of an emergency. This person must not be a competitor in the event.
4. At your discretion you may supply details of medical conditions or allergies that might be of assistance to First Aid staff in the event of an accident or emergency.