

First Name

Last Name







# RUAKAKA SURF DAY

### SATURDAY 13TH FEBRUARY 2021 FOR PEOPLE WITH DISABILITIES

#### **REGISTRATION FORM**

Carer/Guardian (if appropriate or if participant under 18 years)- Please fill out below:  Full Name:  Phone Day:  Evening:		
Disability / Impairment  Phone (Day/Evening):  Mobile  Email  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)  I have attended this event previously (Circle which one)  Participant Signature :  Carer/Guardian (if appropriate or if participant under 18 years)- Please fill out below:  Full Name:  Phone Day: Evening :	Date of Birth	
Phone (Day/Evening):  Mobile  Email  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)  I have attended this event previously (Circle which one)  Participant Signature :  Carer/Guardian (if appropriate or if participant under 18 years)- Please fill out below:  Full Name:  Phone Day: Evening :	Age	
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below: Full Name: Phone Day: Evening:	Participant Signature :	
Phone Day: Evening :	Carer/Guardian (if appropriate below:	or if participant under 18 years)- Please fill out
	Full Name:	
Email: no email	Phone Day:	Evening:
	Email: no email	









## **MEDIA CONSENT / PERMISSION FORM**

I hereby grant permission to Tiaho Trust, Tutukaka Surf, Waipu Surf who are the organisers of 'Surf's Up Ruakaka' to photograph/film me for use in any of our print, on-line or external media promotional material for Surfing events.

If you are under 18, we need your parents' or guardians' permission as well. Make sure you have read the disclaimer form below.

Signature (or parent/caregivers signature if person under 18 years of age)
Phone:
Email:
Address:
Name of Participant:

#### PLEASE NOTE SPACES ARE LIMITED – FIRST IN FIRST SERVED

Please complete and send registration form by Friday 5th February 2021 to:

Arlene Carter
Tiaho Trust
PO Box 374, Whangarei
Email: arlene@tiaho.org.nz

Phone: 0800 430 3406









#### IMPORTANT – PLEASE READ BELOW Disclaimer

By signing this form I acknowledge and agree as follows:

- I acknowledge that there are risks involved with surfing, 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.
- 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 officials or organisers, and I must participate in a manner that does not endanger either others or myself.
- I acknowledge that none of the organisers, sponsors or any other persons associated with the event shall have any responsibility or liability for any loss, damage, injury or death that might be sustained by me or any other party directly or indirectly associated with me, from my participation in the event.
- I release all persons associated with the event from and waive all claims what so ever and will indemnify them against all liability (including liability for negligence) for all loss, injury or damage arising out of or connected with my participation in the event.
- I consent to receiving medical treatment that may be advisable in the event of illness or injuries suffered during the event.