



RUAKAKA SURF DAY

SATURDAY 17TH FEBRUARY 2024
FOR PEOPLE WITH DISABILITIES

VOLUNTEER REGISTRATION FORM

First Name	
Last Name	
Phone (Day/Evening):	Day: Evening:
Mobile	
Email	
I have been a volunteer for this event previously	Yes / No my first time
Type of Volunteer Assistance	In water: On Land: Don't mind

Volunteer Signature: _____

Please complete and send Volunteer registration form by Friday 9th February 2024 to:

Arlene Carter
Tiaho Trust
PO Box 374, Whangarei
Email: arlene@tiaho.org.nz
Phone: 021 2022 706



VOLUNTEER MEDIA CONSENT / PERMISSION FORM

I hereby grant permission for Tiaho Trust 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.

Name of Volunteer: _____

Address: _____

Date: _____

Thank you for your help.

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 whatsoever, 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.