

TEAM NUMBER: _____

Christmas Twilight Rogaine - Wednesday 15th December 2010

Indemnity and Emergency Contact

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

Indemnity

We, the undersigned, hereby acknowledge that the New Zealand Rogaining Association, the Event Organizers, 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 enter this event at our own risk and acknowledge that there may be risks associated with the sport of Rogaining. We understand the safety requirements set out by the organisers.

Name	Signature	Date	Date of birth

Emergency Contact

Your name and Car Registration Number	Emergency Contact (not a competitor) Name, Address, Phone No.	Allergies or Medical Condition

NOTE:

1. A parent or guardian must sign the indemnity form on behalf of a competitor under the age of 18.
2. 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.
3. Supply details of any medical conditions or allergies that might be of assistance to First Aid staff in the event of an accident or emergency.