

2018 Kapiti to Mainland

ENTRY FORM

GST: 55-204-241

Name: Male/Female
Address: Age:
..... Phone:.....
Email: Mobile:
SNZ Club: RegNo:.....
N.Z. Masters: RegNo:.....

Entry Fees

		Tick if required	Enter amount to pay
Entry Fee (incl boat)	\$100.00	<input type="checkbox"/>	\$ _____
Entry Fee (own boat – see rule 10)	\$60.00	<input type="checkbox"/>	\$ _____
Registration to SNZ (see Rule 1)	\$95.00	<input type="checkbox"/>	\$ _____
Total Amount			\$ _____

Entry fee is to be paid via electronic banking. The Swimming Club bank account details are 03-0732-0237257-00. Please include "Kapiti Swim" and the entrants name in the details.

If supplying your own boat please complete this section:

Name of Boat: _____
Boat Registration Number: _____
Name of Boat Owner: _____
Boat Owner Phone No.: _____

THIS SECTION MUST BE COMPLETED FOR UNDER AGE SWIMMERS (SEE RULE #3)

I hereby give my consent to _____ participating in the Kapiti-Mainland swim.

Signed _____
(Parent/Guardian)

Coach or other qualified person:

I hereby certify that the above named is capable of completing the open water swim.

Name: _____ Mobile No: _____

Signature: _____

You MUST also accept and sign the attached Waiver. Your entry will not be accepted until the signed waiver is received by the Organisers.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT

"Indemnified Persons" include; Raumati Swimming Club Inc, Kapiti Boating Club Inc and their officers, employees, volunteers, agents and contractors, and public bodies, land holders and sponsors associated with the Event.

I confirm that I am fit enough to participate in an event of this nature. I understand that I should not compete in this event unless I have trained and prepared appropriately for it. My physical condition has been verified by a medical practitioner or I confidently believe that I am sufficiently fit and healthy to compete in this event.

By competing, I accept all of the inherent and obvious risks involved with swimming, which I acknowledge is a dangerous recreational activity. I also am aware of and accept the possibility of personal injury, death, property damage or loss resulting there from.

Accordingly I hereby release and forever discharge the Indemnified Persons from any and all claims, suits, demands, expenses, costs, damages or proceedings of any nature whatsoever arising from any personal injury, death, property damage or loss sustained by me or any other person as a result of my participation in the Event.

I hereby indemnify and hold harmless the Indemnified Persons from and against all claims, suits, demands, expenses, costs, actions, and proceedings of any nature whatsoever arising from any injury, loss, or damage sustained by me or any injury, loss, or damaged suffered by any other person as a result of any act, omission, neglect, or default on my part in connection with my participation in the event.

I understand that the Indemnified Persons have the right to postpone the event, change the start time or cancel the event if conditions warrant. Indemnified Persons will make every possible effort to ensure this event takes place. However there will be no refunds given if the event is cancelled due to circumstances beyond the reasonable control of the Indemnified Persons. These circumstances include without limitation; water or weather conditions, fire, flood, storms, explosion, acts of God, war, governmental actions or non-performance by third parties.

I hereby agree to allow my photograph, video, multimedia or film likeness to be used for any legitimate purpose by the organisers, sponsors, or others.

I agree that if I suffer injury the Indemnified Persons can at my cost arrange medical treatment and emergency evacuation services as the Indemnified Persons deem essential for my safety.

I confirm that I am an age of legal consent (that is 18 years or older in New Zealand) and that I have read and understood this Assumption of Risk and Waiver of Liability Agreement prior to signing it and agree that this agreement will be binding upon my heirs, next of kin, executors, administrators, and successors.

Full Name: _____ (Parent/Guardian if under 18 years)

Signature: _____

Date: _____