

Rotorua Rafting Waiver of Liability and Release

Rotorua Rafting Waiver of Liability and Release

On either Monday 30th November or Thursday 3rd November 2020 as part of the Aquinas College Y10 camp I am going rafting on the Kaituna River.

"I understand that White Water Rafting is an adventure activity with a degree of risk that increases with the grade of rapid and that Rotorua Rafting can not guarantee my safety"

"I am not under the influence of any drugs or alcohol have impaired ability in anyway".

"I understand that I am required to inform my guide of any medical conditions that may affect my safety whilst rafting"



MUST BE OVER 18 TO SIGN OR HAVE LEGAL GUARDIAN

I have read the above in full and accept that Rotorua Rafting and its staff will not be held accountable for any loss, damage or injury including death, disability, personal injury or loss of personal property. This exclusion is subject to any rights or remedies you may have under the Consumer Guarantees Act 1993.

Name of child: _____ Age: _____

Parents Signature _____ Date _____

Further information can be found at <https://www.rotorua-rafting.co.nz/>

	Aquinas College Y10 Camp Tuesday 2 nd and Wednesday 3 rd December. http://www.planetbike.co.nz/
Risk Consent Form	Name: _____
I have received sufficient information and happy to consent for my child to participate. I agree to the conditions outlined below. I acknowledge that Aquinas College staff will coordinate with Planet Bike in regard to this consent.	
I am familiar with and accept responsibility for understanding the many risks associated with Mountain Biking I know I am able (or have encouraged my son/daughter) to ask any questions of Planet Bike, or the individual instructor to gain a better understanding of the activity and its associated risks. I know I am responsible (or have motivated my son/daughter) to follow any instructions given by the instructor in relation to significant hazards or risks, including wearing appropriate attire. We understand that if my or my son/daughters' behaviour falls outside of instruction or advice, we acknowledge that we do so at our own risk or harm. I have disclosed complete and accurate details regarding medical, physical, psychological, behavioural or other information. I authorise Planet Bike and associates to instigate any reasonable medical assistance and treatment required during an incident. I consider that my son/daughter is physically and mentally able to sustain the level of exertion and duration of activity. I understand I may be charged for any lost or damaged items belonging to Planet Bike. I understand that my personal effects are not covered by Planet Bike's insurance policy while Mountain Biking. I understand that if at any time during the activity I, or my Son / Daughter are under the influence of alcohol, drugs or other substances Planet Bike has the right to stop my further participation. I have no right for refund.	
Parent Signature: _____	
Date: _____	

