

**THIS IS AN IMPORTANT DOCUMENT PLEASE READ IT CAREFULLY BEFORE SIGNING**

**UNDERSTANDING THE RISKS**

I understand that these activities can involve hazards such as uneven, slippery surfaces, enclosed spaces, flowing, deep, and cold water, cliff edges, sharp rocks, waterfall jumps, high drops, and natural environments that present risks if I do not follow safety instructions. Risks associated with these hazards can include, but are not limited to; hyperthermia, hypothermia, drowning, sunstroke, falling from height, cuts, bruises, and breakages.

I am aware that participating in any of the Raglan Rock Adventure Co's activities could be hazardous if they are not conducted with care, control, and responsibility. I acknowledge that these risks could result in my injury (physical or mental), or even death.

**MEDICATION/HEALTH CONDITIONS**

- I have informed the team of Raglan Rock Adventure Co (or will prior to undertaking the activity) of any medical conditions, previous injuries, and any medication I am currently taking which may affect my ability to undertake this activity.
- I confirm I am physically fit and able to participate in the activities and I have not been advised otherwise by a qualified medical person.
- I consent to receive any medical treatment that may be deemed necessary by Raglan Rock Adventure Co. in the event of injury, accident or illness while undertaking the activities.
- I understand it is my responsibility to disclose any conditions (health or otherwise) that may affect the safety and enjoyment of myself and those around me.

**Please tick if you have any of the following:**

Epilepsy	<input checked="" type="checkbox"/>	Neck/Back/Head Injury	<input checked="" type="checkbox"/>	Allergies	<input checked="" type="checkbox"/>
Heart Condition	<input checked="" type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	Poor Balance	<input checked="" type="checkbox"/>
Recent Surgery	<input checked="" type="checkbox"/>	Medications	<input checked="" type="checkbox"/>	Can't Swim	<input checked="" type="checkbox"/>
Recent Illness	<input checked="" type="checkbox"/>	Hearing Problems	<input checked="" type="checkbox"/>		

Other (Please specify) \_\_\_\_\_

**Please mention anything else that the Raglan Rock staff should know about you to help keep you safe** e.g cultural practices, disabilities, pregnancy, behaviour or emotional sensitivities, anxiety: heights/darkness/small spaces etc.

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**CONDITIONS OF PARTICIPATING IN ACTIVITY**

- I agree to obey the rules set out by Raglan Rock Adventure Co, and instructions given by the guide, instructor, or representative of Raglan Rock Adventure Co, at all times.
- I accept that if I do not adhere to the instructions and rules, or if I act dangerously, recklessly or in a way that might endanger myself or others, Raglan Rock Adventure Co may remove me from the activity. If this occurs, I acknowledge I will not receive a refund.
- I accept that Raglan Rock Adventure Co reserves the right to cancel this activity if it becomes concerned for my safety, or the safety of another person.
- I agree to wear appropriate clothing and use/wear all safety clothing and equipment (as required by the guide) at all times when participating.
- I acknowledge that the maximum weight to participate is 120kg.
- I understand that I may not participate in the activities if under the influence of any drugs or alcohol.
- I speak and understand English language.

**LIMITED LIABILITY OF RAGLAN ROCK ADVENTURE CO.**

- I understand that if I act recklessly or intentionally, and don't follow the rules or instructions set out by Raglan Rock Adventure Co and the guide, which I have been made aware of, Raglan Rock Adventure Co will not be held responsible for any injury, damage or loss I cause to myself/my property, or another person/their property, resulting from my action (or lack of action).

**LIABILITY OF LANDOWNER**

- I agree that the owner(s) of the land on which the activity is conducted will not be held responsible for any death, injury, misadventure, damage to or loss of property caused in whole or part by these activities.

**DAMAGE TO PROPERTY OR EQUIPMENT**

- In the event that I damage or lose any of the clothing, equipment, or other property owned by Raglan Rock Adventure Co or a landowner, I agree to pay to Raglan Rock Adventure Co (or the landowner) all costs associated with repairing the damage.

**MARKETING**

Please tick this box if you agree to the below statement:

- I give Raglan Rock Adventure Co permission to use all photos and videos of me taken during the activity for promotional and social media purposes.

**PARTICIPANT SIGN-OFF**

I agree that by signing this 'Risk Acknowledgement, and Medical Form':

1. I accept there are inherent risks and hazards associated with participating in the activity and I understand what these risks are (including serious harm and death);
2. I am physically and mentally fit to participate and there is nothing I am aware of that will affect my ability to safely participate in the activity or impact the safety of other participants, or guides.
3. I wish to proceed with the activity at my own risk, and understand the risks associated with the activity.
4. I have read, understood, and accept all the terms in this Risk Acknowledgement, and Medical Form
5. I agree to myself receiving any emergency medical, dental, or surgical treatment as considered necessary by the medical authorities present while undertaking Raglan Rock activities.
6. I understand the NZ Accident Compensation scheme provides only limited assistance to visitors to NZ. Any medical costs not covered by ACC or a community service card will be paid by me.

*If participant is under 18 please ensure the relevant parent/guardian has filled in this acknowledgement and signed below.*

NAME (Participant): \_\_\_\_\_ NAME (Guardian if relevant): \_\_\_\_\_

SIGNATURE (Guardian if participant is under 18): \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL FOR PHOTOS: (PLEASE PRINT) \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_