

Activity Details

Date: ___/___/___

Start time: _____ Expected finish time: _____

Activity: _____

Location/Intentions: _____

Activity Leader: _____

Cell ph: _____

Assistant(s): _____

Cell ph: _____

Vehicle(s) Make: _____ Model: _____ Rego: _____

Make: _____ Model: _____ Rego: _____

Vehicle(s) parked at: _____

Emergency Response

Contact person: _____

The contact person will contact the NZ Police if this group has not made contact or cannot be contacted by:

Time: _____ Date: _____

*Participant Waiver

“By signing this form I understand that this NZ Canyoning Association activity is run on behalf of the club to benefit its members. I acknowledge that the activity is hazardous and that I could be seriously injured or killed. I agree to participate in the activity voluntarily at my own risk, and agree to take responsibility for my own safety during the activity., I agree to hold blameless the event organisers, the NZ Canyoning Association, its executive and its members for any loss, or damage, caused by negligence, act or omission whether consequential or indirect, as a result of participation in any NZ Canyoning Association activity.”

#	Participant		Emergency Contact		Waiver*	Medical or injury concerns
	First Name	Surname	Name	Number	Signature:	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Leader's aide memoir: Suitable participants? (Experience/Fitness/Medical)
 Weather Water levels Emergency Comms (PLB) First Aid Sufficient Ropes?
 Didymo Individual Equipment Group Equipment Transport Meeting Place