

Activity Sheet

Version 1.5 Mar 2026

Activity Details

Location/Canyon name _____
 Start time: _____ + Duration: _____ = finish time: _____
 Vehicle(s) Make: _____ Model: _____ Rego: _____
 Make: _____ Model: _____ Rego: _____
 Vehicle(s) parked at: _____

Search and Rescue Time

Emergency contact person: _____
 The emergency contact person will call the NZ Police on 111, if this group has not made contact or cannot be contacted by:
 Time: _____ Date: _____

#	Participant			Medical or injury concerns (Write the concern or condition)	Next of Kin		Waiver* Signature:
	Name (First name and last name)	Mobile Phone # (which <u>must</u> work in NZ!)	Sat comms (Write: PLB, InReach or Mobile Sat texting)		Name (First name and last name)	Phone number (Include international prefix if overseas number. Eg, +61 25 300 3333)	
TRIP LEADER							
2							
3							
4							
5							
6							
7							
8							
9							
10							

***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."

Leader's preparation: Weather & forecast Water levels Suitable participants? (Experience/Fitness/Medical) Group Equipment - Satellite Comms (at least 1x PLB) First Aid Sufficient Ropes Drill, Natural anchors V-Threads etc? Didymo plan Transport plan Meeting place & time **Group Brief &** Individual equipment check