

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

Time: _____ Date: _____

*Free temporary membership & waiver

"By signing I understand I am granted FREE membership of the NZCA for the duration of the Intro Day. I have read the NZCA Safety Management Plan and agree to follow it. 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		Membership & Waiver*	Medical or injury concerns
	Full name	Name	Number	Signature:	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					