



Acknowledgement of Risk and Liability Waiver

Legal Guardians for Athlete U18 year of age

I (name in full)
confirm that I am the legal guardian for
(the child's name) and give permission for this child to compete in the
..... events that this child is registered for,
knowing they currently have the following injury / illness.

.....
.....
.....
.....(describe injury)

By providing permission for this child to compete, I acknowledge that there is a risk that this injury may be further exacerbated due to their participation, and I accept full responsibility for any and all outcomes that may eventuate from their participation in the stated competition above. Additionally, I accept full liability for any loss or damage that may result from this child's participation and indemnify Surf Life Saving New Zealand (SLSNZ) for any loss or liability claim directly arising from this child's participation. I accept that SLSNZ reserves the right to exclude this child from participation in selected events on the grounds that this child's injury may potentially place other competitors at risk.

Signature: Date:/...../.....

