



ACKNOWLEDGMENT AND WAIVER OF RISK

Please ensure you have carefully read, understood and signed this document

New Zealand law prohibits civil claims for personal injury. This means you will not be able to sue in the unlikely event you are hurt. The Accident Compensation scheme provides some cover for medical care for injuries; however we recommend you have travel insurance that includes cover for related costs including repatriation.

Please tick the box if you agree with the statements below

Tick one:

I am 18 years or over and wish to participate in the Skysport Rooftop Tour* (**activities**) and I agree to these terms.

OR

I am 14-18 years old and wish to participate in the activities and my parent or guardian agrees to these terms on my behalf. **Parent or guardian must sign below.**

I understand that the activities include climbing stairs and ladders, navigating under a steel beam (height 1070cm) and walking on a platform that is exposed and open to the elements at heights of approximately 35m, and that this risk inherent in these activities is part of what makes it so enjoyable.

I do not have any pre-existing injury or underlying physical or medical condition (including pregnancy) that could increase the likelihood of injury, illness or death or affect or limit my ability to participate fully and safely in the activities or endanger the safety of others.

OR

Please state any pre-existing injuries, aid to support a condition or any additional assistance you may require:

I understand and accept that, although the Skysport Rooftop Tours team (the **team**) will take all practicable steps to ensure my safety, there is a risk of injury, including minor or serious injury or death due to the nature of the activities and the environment and that I am responsible for my own action or inaction.

I agree to undertake the activities in accordance with the Eden Park Conditions of Entry and the Skysport Rooftop Tour Instructions (which have been provided to me) and the safety briefing (the **rules**) along with all instructions given to me by the team at all times. I accept the team has authority to stop the activities or remove me from the activity at any time without refund for safety reasons or if I fail to follow the Safety Rules or team instructions.

I will remain attached to the safety system at all times while undertaking the activities, and will not tamper with my safety harness or equipment or any other persons' safety harness or equipment in any way.

I agree to remove all loose items including mobile phones, watches and hair clips, jewellery and I understand that Skysport Rooftop Tours is not responsible for any loss or damage to my property.



I am not under the influence of any legal or illegal drugs or alcohol and I agree that if the team believe I may be impaired in any way I may be removed from the activities without refund. I acknowledge that no screening test is required to establish impairment. I understand that I may be asked to take a substance test, and I agree that I will be removed from the activities without refund if I fail or refuse such a test.

I consent to the providing of first aid or any other medical treatment to me should the team deem it necessary and I agree that I shall have no legal recourse against the team or the operator of the activities or the venue in respect of such treatment.

Tick one:

I confirm that my weight does not exceed 150kg (maximum participant weight)

OR

I weigh more than 130kg (the team will verify your weight privately to ensure your equipment is appropriate and you can participate in the activities as safely as possible).

I understand that photographs and footage will be taken throughout the activities. I agree that my image may be used for marketing and publicity on our website and in social media. I understand if I do not want my image to be used in this way I must advise the team before commencing the activities.

By signing below, I confirm that I have read, understood and accept all the information above and that I have answered truthfully and accurately.

Parent/guardian to complete

Full Name:		D.O.B:	__/__/__
------------	--	--------	----------

Signature:	
------------	--

Full name: **Contact number:**

Relationship to the participant:

Emergency contact:

Full name: **Contact number:**