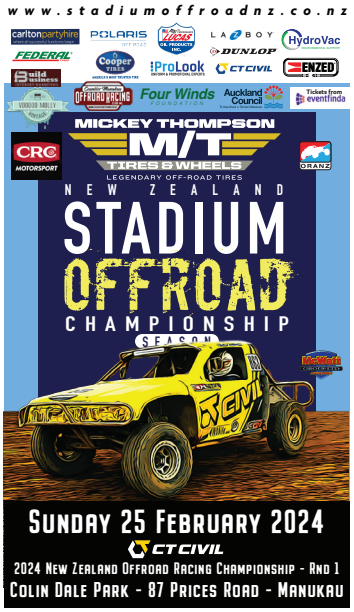
Volunteer Consent & Indemnity Form

ORANZ - Offroad Racing Association of New Zealand



EVENT:

CT CIVIL NEW ZEALAND OFFROAD RACING CHAMPIONSHIP 2024 - ROUND 1 - MANUKAU
SUNDAY 25 FEBRUARY 2024

ORGANISING CLUB:

Counties Manukau Offroad Racing Club Inc.

I, ... [Please print full name]

of ..... [Please print full address]

being a volunteer: PHOTOGRAPHER/CAMERA CREW/JOURNALIST. .....
[Please UNDERLINE OR WRITE the position you have volunteered to undertake in event]

Understand that my presence at the above named event is entirely at my own risk.
Agree to save harmless and keep indemnified Offroad Association of New Zealand Incorporated and the organising club, all the owners and tenants of private property traversed, and the respective officials, sponsors, participants, servants, representatives, fellow volunteers and agents from and against all losses, actions, claims, expenses and demands in respect of my death, injury, loss or damage to my property or to any other persons whatsoever howsoever caused arising out of or in connection with this indemnity or my taking part in this event notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the organising club or Offroad Association of New Zealand Incorporated or any of its member clubs, respective officials, sponsors, servants, representatives, volunteers, or agents, or any other person.
Acknowledge that I must obey the instructions of the Officials of the day.
Confirm that I have been briefed by Officials on basic event safety procedures and the responsibilities and duties of my particular volunteer position.
Consent to the details contained on this form being held and used by Offroad Association of New Zealand Incorporated and/or the organising club for the purpose of promoting and running the meeting or events concerned and all associated legal and administrative purposes. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.
Declare that I am over the age of eighteen and I have read and understood the content of this form before signing below. [Please delete if you are under the age of 18 and see the note below]

Signed: ..... Date: .....

IMPORTANT NOTE

If the volunteer is under the age of 18 years he or she must produce a completed Guardian Consent and Indemnity form.