



Queenstown – 7 March 2009

Company	
Team Name	
Team Number	
Category *	

TEAM & SUPPORT CREW WAIVER AND DISCLAIMER

I declare:

- (a) I have fully read and understand the rules and conditions of the Cure Kids Great Adventure Race, as set out in the 2009 Cure Kids Great Adventure Race Rules and Regulations; and
- (b) I agree to abide by the rules and conditions and to undertake the event in a safe and prudent manner, taking all practicable steps to ensure my/our own safety and that of other participants; and
- (c) I am medically fit to compete and/or participate in this event; and I have previously disclosed in writing (or will disclose below) any pre-existing medical condition/s to Cure Kids and the race organizers; and
- (d) I agree to compete and/or participate in the event at my own risk, waiving all claims against the race organizers, volunteers, Cure Kids and their sponsors in respect of any costs, losses, damages or injuries arising in connection with this event.
- (e) I agree that any information I provide to Cure Kids and race organizers in relation to any pre-existing medical condition/s may be held and used by race organizers and/or Cure Kids in connection with the race and disclosed to emergency service providers where necessary. I understand that I am entitled to have access to that information held by race organizers and Cure Kids and to request correction of that information.

Competitor	Name	Pre-existing Medical Conditions (not previously disclosed)	Signature
Competitor 1			
Competitor 2			
Competitor 3			
Competitor 4			
Substitute			
Support Crew	Name	Pre-existing Medical Conditions	Signature
Support 1			
Support 2			
Support 3			
Support 4			
Substitute			

* **Corporate** - all 4 members must be permanent, full time employees of the company.

Informal – at least 2 team members must be permanent full time employees of the company. The balance of the team may comprise part time or contracted employees or company associates.