

Disclosure of Risk and Health issues

Date	Trip leader	Grade of Rapids
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1. I understand that participation in rafting and other outdoor activities will expose me to risks including drowning, becoming entrapped, and collisions with other participants, rocks, and equipment. The risks increase with the grade of rapids, and the activity operator cannot guarantee my safety.
2. I am physically fit and have disclosed all medical conditions, allergies and disabilities that could affect me while engaged in rafting or outdoor activities.
3. Images taken during this trip may be used for promotional purposes.
4. I understand that I will be participating in Adventurous Activities that require the activity provider to be audited under the Health and Safety at Work (Adventure Activities) Regulations 2016. The Audited provider for these activities is Mohaka Rafting Limited.
5. Contact information will be given to public health officials in the event that it is required for contact tracing.

	Name	age	address	emergency phone number	health issues / allergies	sign
1						
2						
3						
4						
5						
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10						
11						
12						
13						
14						
15						

Allergies and Health issues include Concussion, Dizziness, Epilepsy, Heart Conditions, Asthma, Diabetes, Recent surgery, Back problems, Dislocations, Severe Allergies, Pregnancy

Trip leader sign