



ROTORUA ZIPLINES

Current Risk Disclosure

Rotorua Ziplines operates under the Adventure Activities Regulations 2016 and is subject to annual external audits, annual external course/ equipment inspections and operates within industry leading policies. However, with any adventure activity there is a degree of inherent risk which we strive to mitigate in every way possible. By accepting this risk disclosure, you at this moment acknowledge that in participating on a trip run by Rotorua Ziplines, there are inherent dangers and risks and that while Rotorua Ziplines will use a high degree of skill in ensuring the safety and welfare of participants, it will not be responsible for loss, injury or damage sustained by a participant or their dependents in circumstances where the exercise of reasonable care could not have avoided such an event. While the staff and management of Rotorua Ziplines will take all practicable steps to identify and minimise potential dangers, I acknowledge that I must follow the guide's instructions and use the safety equipment when instructed at all times.

If I am responsible for a person under the age of 18, I must ensure that the underage person follows the Guides' instructions at all times. I release and indemnify Rotorua Ziplines and its staff from any responsibility or consequences resulting from my failure to follow Rotorua Ziplines instructions or the failure of any underage person accompanying me to follow the Guides' instructions.

Rotorua Ziplines reserves the right to withdraw any person who, in their opinion, is likely to endanger themselves or others. This exclusion includes the overuse of alcohol and recreational drugs.

I also recognise that Rotorua Ziplines reserves the right to cancel, modify, or curtail any trip if my safety or that of any other person becomes a concern.

Risk Disclosure - Zipline Activities Expose participants to the risk of injury from falling from a height, stopping quickly, hitting an obstruction or suspension trauma.

I am aware that Ziplining is an Adventure Activity with a degree of risk, and participation in a "Rotorua Ziplines Tour" may have dangers and risks, some of which include:

Slip Risk - Walking on uneven surfaces and boardwalks could result in either a trip or slip, which could result in injury or death.

Fall Risk - If equipment is tampered with, equipment failure or fall from height is a risk.

Earthquake - Rotorua is volcanically active, and an earthquake can strike without warning. Given the location of the tour, the seismic activity could result in landslides resulting in severe injury or death.

Weather - Weather conditions may be extreme and change rapidly without warning, resulting in the unlikely risk of trees falling.

I willingly accept all the risks of ziplining, including without limitation the risks described above and the possibility of personal injury, death, property damage, or loss resulting there from for any reason. I acknowledge that the enjoyment and excitement of the zipline are derived in part from thrill and adventure. I acknowledge that the inherent risks of zipline contribute to such enjoyment and excitement.

I accept that Rotorua Ziplines is not responsible for any loss or damage to my property, disruption to travel plans, or mental injury. This exclusion is subject to any rights or remedies a customer has under the Consumer Guarantees Act 2015 or other New Zealand laws.

By accepting this Risk Disclosure, I confirm that I am of the Age of Majority and that I have read and understood this Agreement and agree that this Agreement will be binding upon my heirs, next of kin, executors, administrators, and successors. If under 18 years, the parent or legal guardian must accept this Risk Disclosure.

I certify that the information I have provided on my enrolment form regarding Medical Condition/s or other information is correct.

I understand that Rotorua Zipline may take photographic images, audio, or video recordings of me undertaking the activity, and they may be used for social media, marketing or promotional use.

Name of Student _____ Age _____
_____ Medical Conditions _____

I accept the above risks on behalf of _____ Name of Caregiver _____
Signature _____ Date _____