

TOURNAMENT WAIVER FORM

Parents/Guardians waiver form for under age (12-15 years) participants.
NNZC Youth "For His Glory" Tournaments.

EMAIL: NNZCEvents@adventist.org.nz **PHONE:** 09 262 5620



Seventh-day
Adventist Church

North New Zealand

Participant's Information

Participant's Full Name:

Date of Birth:

Parent/Guardian's Full Name:

Relationship to Participant:

Phone Number:

Email:

Emergency Contact Information

Please specify details for an emergency contact, if it is not the above parent/guardian.

Please tick the preferred box.

☐ **YES** - If the name above is your emergency contact

☐ **NO** - Please fill out the following

Name of Emergency Contact:

Relationship to Attendee:

Phone Number:

Email:

Agreement

I, the undersigned parent/guardian, hereby acknowledge and agree to the following terms and conditions:

- ☐ 1. I understand that the NNZC "For His Glory" Sports Tournament is open to participants aged 16 and above. However, I am granting permission for my child, named above, to participate in this tournament despite being under the age requirement.
- ☐ 2. I acknowledge that sports involves inherent risks of injury. I understand that my child may be exposed to potential hazards, but not limited to collisions, falls, and contact with other participants or equipment.
- ☐ 3. I accept full responsibility for any injuries, damages, or losses that may occur as a result of my child's participation in the For His Glory Sport's Tournament. I agree to hold harmless and release the tournament organisers, volunteers, sponsors, and any affiliated parties from any liability arising from such injuries, damages, or losses.
- ☐ 4. I understand that it is my responsibility to ensure that my child is physically fit and healthy to participate in the tournament. I will inform the tournament organisers of any medical conditions, allergies, or other relevant information that may affect my child's participation.
- ☐ 5. I authorize the tournament organisers to seek medical attention for my child in case of an emergency. I understand that every effort will be made to contact me or the emergency contact provided before any medical treatment is administered.
- ☐ 6. I grant permission for my child's photograph or video footage to be taken during the tournament for promotional or informational purposes. I understand that these materials may be used in various media channels, including but not limited to websites, social media, and print publications.
- ☐ 7. I agree to abide by all rules, regulations, and decisions made by the tournament organizers. I understand that failure to comply with these rules may result in my child's disqualification from the tournament without any refund of fees.
- ☐ 8. I confirm that I have read and understood this waiver form in its entirety. I am aware that by signing this form, I am waiving certain legal rights on behalf of my child and myself.

Parent/Guardian's Signature:

Date: