

THE PORT WAIKATO SCHOOL CAMP TRUST

WAIVER AND RELEASE FROM LIABILITY

Group Name: _____

Address: _____

Dates at Camp From ____/____/20____ Until ____/____/20____

By this Waiver, I / We assume any risk, and take full responsibility and waive any claims of personal injury or death, or damage to personal property, against THE PORT WAIKATO SCHOOL CAMP TRUST, arising from any activities and events organised by me / us , and carried out on trust property, or in using any of the trust's resources or equipment.

I/we understand and confirm that by signing this WAIVER AND RELEASE, I/we have given up considerable future legal rights. I/we have signed this Agreement freely, voluntarily, and under no duress. My/our signature is proof of my/our intention to execute a complete and unconditional waiver and release to THE PORT WAIKATO SCHOOL CAMP TRUST of all liability to the full extent of the law

I/we are 18 years of age or older, and mentally competent to enter into this waiver.

Signed on behalf of: _____

Printed Name: _____ Signature: _____

Position: _____

Printed Name: _____ Signature: _____

Position: _____

Printed Name: _____ Signature: _____

Position: _____