



Te Runanga o Waihao

26 Maori Road, Morvern 10 RD Waimate

Phone [03-689 4726](tel:03-689-4726) Email Waihao.Manager@ngaitahu.iwi.nz

CONSENT AND RISK DISCLOSURE

A copy of this form must be taken on the event and the original retained by the Runanga office

It is important that this Consent and Risk disclosure form is completed by all participants attending the wanaka or event to comply with health and safety requirements.

The purpose of the forms is to enable the wananga committee to ensure that optimal leader and helper ratios are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to Runanga Office staff, wananga leaders, contractors and volunteers associated with supervising activities on the EOTC (Education Outside The Classroom) event and comply with the Information Gathering and Privacy Policy which can be obtained from the office on request.

As per TRoW Child Protection Policy which can be obtained from the office on request all Core personnel have meet the requirements of Police Vetting Checks. Core personnel for this Wānanga are listed below

Name	Role
Sam Sykes	Wānanga Organiser
Irai Weepu	Supervisor
Sara Eddington	Supervisor

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to the Runanga office by 02 / 10 / 2017

NAME OF THE WANANGA	Aoraki Wananga
LOCATION	Aoraki
START DATE & TIME	Tuesday 10th October, 9am
END DATE AND TIME	Thursday 12th October, 6pm
PARTICIPANT'S NAME	PHONE DAY
D.O.B	PHONE EVENING

ADDRESS	MOBILE EMAIL
FAMILY DOCTORS NAME & ADDRESS ALLERGIES BED WETTER Yes/No HOMESICK Yes/No	PHONE COMMUNITY SERVICE CARD NO MEDIC ALERT NO <i>(if applicable)</i> MEDICATION to be administered SLEEP WALKER Yes/No

EMERGENCY CONTACT DETAILS	
<i>A copy of this form must be taken on the event and the original retained by the Runanga office To be read and signed by adult participant or parent/caregiver of child participant.</i>	
EMERGENCY CONTACT NAME DOB ADDRESS	PHONE DAY PHONE EVENING MOBILE EMAIL
RELATIONSHIP TO PARTICIPANT	
ALTERNATIVE CONTACT NAME D.O.B ADDRESS	PHONE DAY PHONE EVENING MOBILE EMAIL
RELATIONSHIP TO PARTICIPANT	

Parental consent

I agree to my child/myself taking part in the wananga/event and have read the information sheet. I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

Acknowledgment of risk

I have read the Wananga Programme and Learning Outcomes and understand that there are risks associated with involvement in wananga events and that these risks cannot be completely eliminated. I understand that the wananga committee will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I will do my best to ensure that my child and I follow these procedures.

I know that I am able to ask any questions of Te Runanga o Waihao about the activities I / my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the Runanga or wananga committee does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Signed:

Date: