



Rotorua BMX Supercross at Te papa o Te Kauri

8 Metre Ramp Application to Ride & Waiver

Prior to riding the 8 metre ramp all riders must have an application approved using the form below. This is mandatory.

Criteria to ride – to ride the 8m Ramp You MUST

1. Be UCI 15+ age
2. Have signed this application and waiver and have had it approved
3. Riders aged 15-17 years old require a parent or guardian to also sign the application and waiver for it to be considered
4. Be highly skilled in the sport of BMX
5. Have checked the bottom of ramp chain gate is open
6. Wear appropriate safety gear – full face helmet, gloves, long sleeves, long pants and appropriate fitted shoes
7. Be using a 20 inch BMX that is suitable and well maintained
8. Always behave in a safe and responsible manner.

Rider Section

Date of Application _____

Riders Full Name _____

Acceptance of Criteria to Ride: I agree to abide by all criteria to ride listed above

Signature* _____

Riders Date of Birth _____

Riders Email _____

Riders Mobile Number _____

BMXNZ Licence Number _____

Licence Type _____

BMX Club Registered with _____

Emergency Contact Name _____

Emergency Contact Number _____

Emergency Contact Relationship to Rider _____

Parent or Guardian Section for Riders 15-17

Name of Parent or Guardian _____

Parent or Guardian Mobile Number _____

Parent or Guardian Email _____

Parent or Guardian Signature* _____

Waiver

I, the undersigned, person agreeing on this form, in consideration for riding the 8m Ramp at the Rotorua BMX Track Te pap o Te Kauri, do hereby wilfully acknowledge that my agreement below attests to my understanding and agreement that:

BMX Racing and training is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in BMX activities, have no illness, disease or existing injury or physical defect that would be aggravated by my participation. If I do, I will advise Rotorua BMX immediately and if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care.

I participate in riding the 8m Ramp at my own risk and Rotorua BMX holds no responsibility to myself or property if injured or broken. Under any condition, I am responsible for any and all medical expenses arising from my participation, in training and racing. I have the right and responsibility to inspect the equipment and facilities prior to training and, if I believe that anything may be unsafe, I will advise the Rotorua BMX of the condition and may refuse to participate. Participation assumes consent.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue Rotorua BMX coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their BMX activities.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My agreement to this form attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

Rider Signature* _____

Parent or Guardian Signature (if rider is 15-17)* _____

Authorisation to Ride

Once a nominated representative of BMX Rotorua¹ has reviewed your application they will either approve or decline it. Until this decision is recorded below you are not permitted to ride the 8m ramp. Note that this review is based on the appropriate completion of the application form and signature of the waiver. The Club does not responsibility for assessing your skills, ability or competence as a rider. This is for the rider, and parent or guardian if rider is 15-17, to determine.

Reviewer Name _____

Reviewer Signature _____

Review Date _____

Decision – tick one of below

Approved ☐

Declined ☐

¹ As at 1/11/2019 Vice President Rupert Hastings and Committee Member Chris Williams only