Appendix 9. V4 Canyoning New Zealand Acknowledgment of Risk

Risk Acknowledgement
Canyoning is an adventure activity conducted in a natural environment. While Canyoning New Zealand takes every reasonable step to identify hazards and manage risk, participation involves inherent risks that cannot be completely eliminated and may result in serious injury or death.

Canyoning New Zealand operates under New Zealand's Adventure Activity Regulations and maintains Adventure Activity Certification through independent safety audits. While we are committed to providing the highest practicable level of safety, we cannot guarantee the safety of participants at all times.

By participating, I acknowledge and agree that:

- **I understand** that canyoning involves inherent risks, including but not limited to:
    - Slips, trips and falls.
    - Uneven and slippery terrain.
    - Swimming and moving water.
    - Abseiling and working at heights.
    - Jumping, climbing and scrambling.
    - Changing weather and natural environmental hazards.

- **I confirm** that I meet the suitability requirements for my chosen adventure, including the required:
  - Age.
  - Fitness level.
  - Swimming ability and water confidence.
  - English language comprehension.
  - Equipment sizing requirements.
  I understand that suitability requirements vary between tours and are published on each tour page.

- I confirm that **I am medically fit to participate:**
  - I am physically capable of completing the activity within the allocated time.
  - I am not under the influence of alcohol or recreational drugs.
  - I do not have any medical condition that may place myself or others at increased risk.
  - I will advise Canyoning New Zealand of any injuries, medical conditions, allergies or medications that may affect my participation before the activity begins.

- **I understand that canyoning is not suitable** for participants who are pregnant or who have serious heart conditions or serious back or spinal conditions.

  If I am recovering from an injury or have any concerns regarding my suitability, I understand it is my responsibility to seek appropriate medical advice before participating.

- **Guide Authority - I understand** that booking a place on an activity does not guarantee participation.
  I acknowledge that Canyoning New Zealand guides may refuse my participation or remove me from the activity if, in their professional judgement, I do not meet the published suitability requirements or if my participation may compromise the safety of myself or others. I agree to follow all guide instructions and to correctly use all safety equipment provided throughout the activity.

- **Young Participants - I understand** that participants aged 16 years and under require a parent or legal guardian to complete this acknowledgement.

- **Equipment - I agree to** use all equipment only as instructed and to immediately notify my guide if I have any concerns regarding its condition or fit.

- **Operational Changes - I understand** that Canyoning New Zealand may alter, postpone or cancel an activity where weather conditions, water levels, environmental hazards or other safety considerations make it necessary.

- **Personal Belongings - I acknowledge** that I am responsible for my personal belongings brought on the activity.

- **Landowner Acknowledgement -** I expressly acknowledge that I shall have no claim against Allan Skene, owner of Lot 24 DP 453314 & SEC 4 SO 453313, Certificate of Title 583058, arising from access to or activities undertaken on the property.

Declaration:

By signing this document, I confirm that:

- I have read and understood this Risk Acknowledgement.
- I have had the opportunity to ask questions.
- I understand the inherent risks involved in canyoning.
- I understand the suitability requirements for my chosen activity.
- I voluntarily choose to participate.
- I agree to follow all instructions provided by Canyoning New Zealand staff throughout the activity.

	Full Name Johnathon Smith (not John Smith)	**Age** 14	**Nationality** New Zealand (not Kiwi or NZ)	**Signature** Must be the parent or legal guardians signature if the participant is 16 years or under.	**Medical Conditions** Asthma (you would bring your asthma pump or medications with you on this tour)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Date _____ Time _____ Trip_____Total Pax _____

Guides _____ Trip Leader_____

Signature_____