



Event Waiver - Media

I declare that:

1. My accepted entry into the Event will not be transferred to another entrant.
2. In the event of any 'act of God' conditions causing a cancellation of the Event, I agree that my total entry fee is not transferable or refundable.
3. I am in an appropriate physical condition to participate in the Event, given the known parameters of the Event (such as the length, time, physical demands and environmental context).
4. I have taken medical advice on any pre-existing medical conditions, and confirm that it is medically safe for me to participate in the Event.
5. I acknowledge that there are risks involved in the Event. I fully realise the dangers of participating in the Event in above mentioned capacity, and fully assume the risks associated with my participation and my wellbeing and safety during and after the Event. I understand and acknowledge that the Event organisers (including all officials and event volunteers) provide no warranties, regarding my wellbeing and safety.
6. I understand and agree that situations may arise during the Event, which may be beyond the immediate control of the Event organisers (including all officials and event volunteers).
7. I will participate in the Event, in a manner that does not endanger either me or others.
8. I agree that to the extent permissible by law, the Event organisers (including all officials and event volunteers), the sponsors and other parties associated with the Event, have no liability to me whatsoever for any direct or indirect loss, (including, but not limited to injury or death) sustained by me during or in any way related to my participation in the Event.
9. I authorise the use of my name, voice, picture and information on this entry form in any broadcast, telecast, promotion, advertising, and in any other way, without payment to me or any other form of compensation.
10. I agree to comply with the rules, and regulations pertaining to the Event.
11. I agree to follow all reasonable safety instructions provided to me by the Event organisers, (including all officials and event volunteers) before, during and after the Event.
12. I consent to receiving medical treatment in the event of illness or injuries suffered during or immediately after the Event.
13. I will not use any photos, videos or recordings, of any kind, for commercial gain or reward without express written authority from the Event organisers
14. I acknowledge that all photos, videos and recordings remain the property of the event organisers.
15. **All media personnel will supply their own ORANGE hi-vis vest.**

Name:.....

Signed:.....

Date:.....



2020/2021 Season Media Accreditation – Application Form

Please complete and return this form along with a passport quality / style photograph for identification purposes to meremeredragway@xtra.co.nz or mail to Meremere Dragway, P O Box 552, Pukekohe.

| Individual Information | |
|------------------------|-------------|
| Surname: | First Name: |
| Postal Address: | |
| Telephone: | Fax: |
| Mobile: | Email: |
| | |
| Organisation Name | |
| Name of Editor: | |
| Telephone: | Mobile: |
| Fax: | Email: |

Please tick where applicable

| | | | |
|--|--------------------------|--------------------------------|--------------------------|
| Newspaper journalist: | <input type="checkbox"/> | Magazine journalist: | <input type="checkbox"/> |
| Drag Racing journalist: | <input type="checkbox"/> | Freelance journalist: | <input type="checkbox"/> |
| Radio journalist: | <input type="checkbox"/> | Television journalist: | <input type="checkbox"/> |
| Internet journalist: | <input type="checkbox"/> | Public relations writer: | <input type="checkbox"/> |
| Freelance photographer: | <input type="checkbox"/> | Magazine photographer: | <input type="checkbox"/> |
| Drag Racing photographer: | <input type="checkbox"/> | Public relations photographer: | <input type="checkbox"/> |
| Television camera operator/sound operator: | <input type="checkbox"/> | Television director: | <input type="checkbox"/> |
| Television producer: | <input type="checkbox"/> | Other (please state): | <input type="checkbox"/> |

I certify the above information is correct and I accept the terms and conditions of issue of Meremere Dragway Inc. Media Accreditation.

Signature _____ Date _____

If you have any questions, feel free to contact the Office
 Phone: +64 9 238 5564
 Email: meremeredragway@xtra.co.nz