



Achilles International New Zealand, PO Box 335050, Browns Bay, Auckland 0630  
Charities Commission number (# CC50645) - [www.achillesnewzealand.org](http://www.achillesnewzealand.org)

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## **ACHILLES NZ MEMBERSHIP WAIVER FOR ONLINE MEMBERSHIP APPLICATIONS (as at May 2015)**

I know that participating in Achilles International New Zealand {Achilles} running or other athletic events is potentially hazardous. I agree not to enter any Achilles race, activity, or sponsored event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, other participants, spectators, or others, the effect of the weather, including high heat, extreme cold and/or humidity, traffic conditions on the road, all such risks being known and appreciated by me.

I understand that (1) participation with Achilles is strictly voluntary, and (2) I am only to receive/provide running companionship, advice, and encouragement from my fellow Achilles athletes/volunteers/guides. If anything else is asked of me, or I am otherwise uncomfortable or concerned, I will bring it to the immediate attention of my Achilles leader.

Having read this Waiver and knowing these facts, and in consideration of Achilles accepting my application, I, for myself or for my child and anyone else entitled to act on my behalf, waive and release, and agree to indemnify and hold harmless Achilles (including all local Achilles directors, officers, leaders, members, athletes, volunteers, guides), Achilles International and any affiliated clubs and associations or agencies, all sponsors of Achilles and any of their races or events organisers from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in any Achilles event or related activities, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in the Waiver. By registering for any event through Achilles, I hereby grant my permission to Achilles to act as my proxy on my behalf for that event with full authorisation to execute consents, waivers and releases included in the registration. I further grant permission for Achilles to use photographs, motion pictures, recordings, or any other record of my participation in Achilles for any legitimate purpose, without remuneration. I have read this Waiver and agree to the terms.

By completing this online form at [www.achillesnewzealand.org](http://www.achillesnewzealand.org), and ticking the box to acknowledge this membership waiver, and clicking the 'Subscribe' button I confirm that I am the person named, or that I am legally entitled to act on behalf of the person named (if they are under the age of 18 years or if they are unable to read this Waiver clearly and independently) and that the applicant fully understands and agrees with the terms and conditions within this Waiver.

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