



GROUP DECLARATION FORM

NZYF/HS/009

11/03/2016

Event: _____ **Briefing:** _____

Thank you for participating at this Young Farmers event. We are committed to ensuring that the event is safe and accident free and we hope to make it an enjoyable day for all involved. If you have any problems throughout the day please direct these to the NZYF official running the event.

- As a participant at this event, I understand that there may be risks associated with the event and that these risks cannot be reduced to zero.
- I also understand that the management of risk is a shared responsibility between all parties at the event including the host, all attendees and participants.
- I have read the Event Safety Plan and Event Rules and agree that it is our responsibility to follow any rules, procedures or reasonable instructions provided by the Event Host to prevent any harm to ourselves or others during the event.
- I understand that I am able to ask any questions during and prior to the event to gain a better understanding of any potential risks.
- I recognise that participation in this event is voluntary on my part and is not a required or mandatory activity. If I feel I am at risk at any stage, I understand I am expected to stop the activity and inform the Event Team/Emergency Controller/Module Judge.
- I understand that the Event Team has identified a list of potential hazards that may arise during the event, have informed me of those hazards and the controls put in place to *Eliminate or Minimise* these hazards.
- **Reporting Hazards** - Please report any hazards that are not being controlled (eliminate or minimised) to a NZYF official immediately.
- **Reporting Incidents/Accidents** - Please report any incidents, accidents or near misses that occur on site at the event to the NZYF official. The NZYF official will ensure that the necessary paperwork is completed. (*Refer to appendices 1.3 & 1.4 – Injury Reporting & Accident/Incident Report forms.*)
- **First Aid Facilities** - If you or anyone else needs first aid attention, please proceed to the designated first aid area immediately.

We acknowledge that by signing this Group Declaration Form, that we have been read and understand the event Health and Safety Plan and Event Rules.

	NAME	SIGNATURE	DATE
Person Taking Briefing			
Witness One			
Witness Two			