

WAIKATO AND BOP BRANCHES REGIONAL EXCAVATOR OPERATOR COMPETITION REGISTRATION FORM 2020 Saturday 14th November 2020

Competitors must be members or employees of members of Civil Contractor New Zealand to enter this competition, see below point of contact for details

| Competitor Name: | | | | | | | |
|---------------------------------------|---|--------|-----------|--|--|--|--|
| | | | | | | | |
| Competitor Cell Phone: | •••••• | | | | | | |
| | | | | | | | |
| Employer Details: | • | ••••• | ••••• | | | | |
| Contact Name: | | | | | | | |
| Contact Nume: | | •••••• | •••••••• | | | | |
| Address & Phone: | | | | | | | |
| | | | | | | | |
| Email: | | | | | | | |
| | | | | | | | |
| Preferred Time: | Morning | | Afternoon | | | | |
| | 0 | | | | | | |
| No of years as an Excavator Operator: | | | | | | | |
| Do you hold a current LTSA | licence? (Excavator) | Yes | 🗖 No | | | | |
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□ I agree to entry fee of \$100 (to be invoiced) and that judges decision is final.

□ I agree to comply with the compulsory drug and alcohol test requirement.

Whilst National Excavator Competition Limited (hereinafter referred to as "the organizer") has taken all reasonable precautions to ensure the safety of the Competitors, Participants and Spectators of the Excavator Operator Competition, the organizer does not accept any responsibility or liability for any damage, injury or loss resulting from any negligent, unsafe, malicious or wilful act or omission on the part of the Excavator Operator Competitor. AND in consideration of the organizer permitting the Excavator Operator Competitor to participate in the said Competition the Excavator Operator Competitor HEREBY INDEMNIFIES the organizer against all costs, claims, damages, expenses, actions, proceedings or other liability resulting from any act of omission on the part of the Excavator Operator Competitor shall recompense the organizer for any and all damage, loss and expenses incurred by the organizer as a result of any such act or omission.

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| Signed | - | С | 0 | m | p | e | t | it | :C |)ľ | ~ |

Signed - Employer

Date:.....

Please return completed entry from to: Civil Contractors NZ Waikato Branch P O Box 10525, Hamilton Phone 027 2248737 Email - secretary: waikato@civilcontractors.co.nz