

Overload Committee
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Guardian Consent form for Overload 2021

I give permission for _____ to volunteer at Overload 2021.

In the event of an emergency I can be contacted by phone on _____

Known health concerns, allergies etc. _____

Other important information, alternate contacts etc. _____

I affirm that I have read and agree to the [Overload 2021 Health and Safety Plan](#).

Guardian Name (Please print) _____

Guardian Signature _____

Date _____