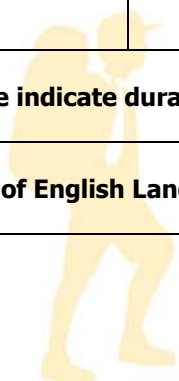


## New Zealand Farmstay APPLICATION FORM

Personal Details					
<b>Family Name</b>			<b>First Name</b>		
<b>Date of Birth</b>			<b>Gender</b>	M <input type="checkbox"/>	F <input type="checkbox"/>
<b>Nationality</b>		<b>Passport Number</b>		<b>Expiry Date</b>	
<b>Do you smoke?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>PS. If YES, you might need to refrain from smoking on the farm</i>		<b>Do you have any Allergies? If yes, please describe</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Details					
<b>Home Address</b>				<b>Home Phone</b>	
<b>Post Code</b>		<b>City</b>		<b>Country</b>	
<b>E-mail</b>				<b>Drivers License</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Package Details <span style="float: right; color: red; font-size: small;">This program is only allowed on WH visa</span>					
<b>Arrival City</b>	<b>Auckland</b> <input type="checkbox"/>				
<b>Flight Details</b>	<b>Arrival Date</b> _ _ / _ _ / _ _ _ _	<b>Arrival Time</b> _ _ : _ _ AM/PM	<b>Flight Number</b> _ _ _ _ _	<b>Airline</b> _ _ _ _ _	
<b>Please indicate duration</b>	<b>Length of Stay</b> _ _ _ _ _ Weeks				Max Duration is 8 weeks
<b>Level of English Language</b>	<b>Intermediate</b> <input type="checkbox"/>		<b>Above Intermediate</b> <input type="checkbox"/>		<b>Advance</b> <input type="checkbox"/>



# Work n Holiday Farmstay– Liability Waiver Form

**Participant's Full Name:** \_\_\_\_\_

While the safety of our participants is a major priority at Work n Holiday, there are certain risks involved with a number of activities offered in the Farmstay Program. By registering for these programs and participating in these activities, you are accepting the possibility that an accident might occur and agree that the activities are suitable for you.

**I hereby give my consent and acknowledge by signature below that:**

1. I am willing and able to participate in the activities associated with farm/ranch life
2. I am fully responsible for my own health insurance
3. I agree that if I have special dietary requirements and/or food and medical allergies, I will take complete responsibility for my food and medicine intake
4. I understand that WnH Farmstay is an exchange program and that I will not be paid
5. My main purpose for entering the country is to participate in a cultural exchange program. It is my responsibility to ensure that I have appropriate authorization to enter the country for this purpose
6. I am aware of the usual risks and dangers in participation in all the activities where safety may be a concern, and of the possibility of personal injury, death, property damage, or loss resulting from the activities. The dangers and risks may include, but are not limited to:
  - Transportation or travel to and from the activity location
  - Activity locations
  - Rugged terrain
  - Weather
  - Equipment breakage, failures
  - Being around animals
  - Delayed rescue, accessibility
  - The possibility that I may not heed safety instructions given to me in English

**I am 18 years of age or more and have read and understood the terms of this consent and waiver, and understand that it is binding upon me, my next of kin, my heirs, executors and administrators. By signing below, I am aware that I am waiving certain legal rights which I or my representatives may have against the releasees.**

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE