APPLICATION FORMS

Other Activities



Important: Please download and open this form using Adobe Acrobat or PDF Reader to ensure this form can be submitted properly. Alternatively, please send the completed form to the details below.

Please complete and submit this form no later than 14 days prior to the hiring period of the event. For assistance, please contact:

Event Services, Te Pae Christchurch Convention Centre

Phone: +64 3 266 1400

Email: eventservices@tepae.co.nz

Contact Details

| Name | Company Name | |
|---------------|-----------------|--|
| Phone Number | Company Address | |
| Email Address | Post Code | |
| Name of Event | Stand Name* | |
| Event Dates | Stand Number* | |

^{*} if applicable

Activity Details

Other activities include moving displays, internal combustion engines, smoke machines, aerial performers, bike acrobatics, autonomous machinery, swimming pools/spas and any other activity not deemed to be covered under Te Pae Christchurch's current application or permit forms.

Mandatory Safety Requirements

It is the responsibility of all persons conducting a business or undertaking (PCBUs) and their staff to ensure that the Health and Safety at Work Act 2015, applicable legislation, procedures and safe work practices are followed, as far as reasonably practicable, to protect the health and safety of all persons.

Please tick the relevant boxes to confirm these requirements will be met:

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| | Supervision of the activity will occur at all times. |
|--|--|
| □ perforr | If there are moving parts, a suitable barrier will be erected to prevent access to the activity being ned. |
| | If applicable, the activity will be registered and maintained by competent and authorised personnel and in |
| | Ance with the manufacturer's instructions. Activity and associated equipment will be checked each day before operation and recorded in a logbook will be made available to the Te Pae Christchurch Health, Safety and Security Manager for inspection. Safe public access and egress routes will be provided at all times. |
| | Hold public liability insurance for the activities proposed in this form for a value no less than NZD\$10 million. If applicable, a copy of registration required for the activity will be provided with this application. The Te Pae Christchurch Exhibition Guide has been viewed and any other applicable information relating to ctivities will be applied. |
| Rea | uired Documentation |
| These | locuments, and any other documents as requested, must be provided to Te Pae Christchurch with this ted application form. |
| | tick the boxes to indicate you have provided the following information: Photographs and detail of activity or special requirement |
| | Copy of registration (if applicable) |
| | A Risk Assessment to be completed by the person/s involved or performing the activity. |
| | Copy of certificate for public liability insurance not less than NZD\$10 million. |
| Terr | ns and Conditions |
| (To be | completed by the person responsible for the work to be performed) |
| its app represo the info | ivity has not been accepted to occur at Te Pae Christchurch Convention Centre until written confirmation of oval is issued by Te Pae Christchurch, and in such circumstance, Te Pae Christchurch makes no ntation, warranty or guarantee about the safety or legality of the activity or the completeness or accuracy of rmation provided within this form, which is at all times the sole responsibility of the person listed under Details. |
| to thos compli placing postpo | Christchurch undertakes regular compliance checks, and you may be required to provide evidence in relation requirements. If at any time, an activity or operations is considered by Te Pae Christchurch to be non- ant with any legal or regulatory obligation, inconsistent with the information provided on this form, unsafe or persons, the venue or the environment at risk, Te Pae Christchurch representatives reserve the right to the or cancel the activity in its sole discretion until it is completely satisfied that its concerns are addressed rissues are rectified. |
| | proval by Te Pae Christchurch for this activity to occur does not give rise to an acceptance of any liability, loss age caused by the activity. |
| Dec | laration |
| □ knowle | I declare that I have read and understood this application and have completed this form to the best of my |
| Name: | Date: |

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(Te Pae Christchurch Convention Centre use only)

APPLICATION FORMS

Other Activities



Authorisation

| Authorised by: | Signed: | Date: | |
|----------------|---------|-------|--|
| Comments: | | | |