

# maru THE moa

## REQUEST FOR MARU THE MOA ATTENDANCE

Please fax to Greg Newton at Community & Public Health 03 688-6091 or email [greg.newton@cdhb.govt.nz](mailto:greg.newton@cdhb.govt.nz)

Requesting Organisation:		
Contact name:		
Contact address:		
Contact telephone:		
E-Mail:		
Date of event:		
Date and time Maru is to be present:	Start Date	Start Time
	Finish Date	Finish Time
Person who will assist during Maru's visit <i>(if different From Borrower)</i>	Name:  Contact Ph	

### CONDITIONS OF USE:

- If Maru requires cleaning or repair, a charge will be made to the requesting organisation.
- The requesting organisation agrees to use Maru only in the manner specified in the agreement.
- Maru must be available for return on the agreed date / time.

# maru THE moa

## CONDITIONS ON USE OF MARU THE MOA

---

Is the event you plan to use Maru at a Health and lifestyle activity? **Yes / No**

Does it promote physical wellbeing and healthy lifestyles? **Yes / No**

Please identify the 'message' Maru is going to promote:

---

Please identify the main focus for this event.

---

Will alcohol be used at the event? **Yes / No**

Do you have support from one of the community based organisations that promote healthy lifestyles and wellbeing? **Yes / No**

Is your message part of an established health initiative?  
i.e. Push-Play, Smokefree etc.

Do you agree to use Maru within the context of his intent for use? **Yes / No**

Do you agree with the conditions of use as identified on this agreement? **Yes / No**

I agree to check Maru is in a good condition on arrival and use him in accordance with the agreement above.

I agree with conditions as they apply. I have read the conditions before signing. I further acknowledge that I will receive adequate instructions on the safe and effective use and operation of Maru the Moa. This equipment needs your care, safety is your responsibility.

Signature on behalf of Requesting Organisation:

---

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_