

BUDDY WALK - Australia 2008! FREE REGISTRATION

Note: To take part in the walk, please register.

All registered walkers will be sent an Event Kit with map and full details of walk and picnic.

*** Return form ASAP and receive a free 'Buddy Walk' cap while stocks last**

*** EARLYBIRD SPECIAL extended - Return by 12th Sept to receive tshirts @ just \$11**

*** More information at info.buddywalknsw.org.au ***

I am taking part in

Buddy Walk Sydney (Oct 19th)

Buddy Walk Newcastle (Oct 12th)

Buddy Walk Wollongong (Oct 12th)

Other (details) _____

I am registering as an individual or a family / team.

Team Captain:

Title _____ First Name _____ Family Name _____

Address _____

Suburb / Town _____ Postcode _____

Tel (1) _____ (2) _____ Email _____

Do you have access to a computer with internet? yes no

If registering a team or family of 'walkers', list all 'walkers' (including babies) below

Team / family name: (if applicable) _____

Person 1: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 2: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 3: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 4: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 5: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 6: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 7: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 8: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 9: Name _____ Age _____ wheelchair pram/ stroller picnic only

Pers. 10: Name _____ Age _____ wheelchair pram/ stroller picnic only

(attach additional sheets if required)

Fundraising Target: \$ _____

(The target is just a goal for you or your team to aim for and intended to add a bit of fun to the event. Set a target that you think is realistic - we will send you sponsorship forms, envelopes and some tips to get you started. You will also be able to set up a webpage at www.buddywalknsw.org.au as an easy and fun way to get donations. All funds will go to Down Syndrome NSW to provide services that assist children and adults with Down syndrome reach their potential.)

PLEASE TURN OVER...

No. of 'Buddy Walk' caps requested: _____ (maximum 1 per person registered)
Caps are free for all participants while stocks last.

'Buddy Walk' T-Shirts: \$15 each

Please mark the quantity you require of each size in the boxes below:

| | | | | | | | | | | | | |
|-------------|---------|---|-------|---|-----|---|-------|----|-----|------|---------|-------|
| Adult sizes | X-Small | | Small | | Med | | Large | | X-L | XX-L | XXX - L | TOTAL |
| Child sizes | 00 | 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | | |

Order Amount: \$ _____
Earlybird special \$11 per t-shirt including postage and handling, for orders before 12th Sept

Donation (optional): \$ _____

Raffle Tickets (\$2 each) _____ tickets \$ _____

Total \$ _____

- Please find enclosed cheque/ money order made to 'Down Syndrome NSW', or
- Please debit my VISA / MasterCard / Bankcard (circle) the above amount.

Card number: - - -

Name on card: _____ Expiry /

Signature: _____ Date ___ / ___ / ___

Participant's Waiver for Buddy Walk 2008!:

I declare, as a condition of participating in the event, that I am not aware of any illness, injury or any other physical disability or impairment which may cause me injury or death while participating in the event. By competing, I accept all risks necessarily flowing from my participation which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims, demands and proceedings arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of my participation in this event. This release shall extend to and include Down Syndrome NSW and its Management Committee members, employees and volunteers, the owners, licensees and occupiers of land upon which the event or any part of it is conducted, any statutory body or local authority having control over any land upon which the event or any part of it is conducted or which is involved directly or indirectly with the event in any manner whatsoever and promoters and sponsors. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns. I agree to abide by the event guidelines, rules and conditions. I certify that I am 18 years or older and I have read this document and fully understand it. As a parent or guardian of the competitor, I agree to the above for myself and on behalf of my child and I indemnify and will keep indemnified all people and corporations associated with the conduct of the event on the terms referred to.

| | |
|---------------------------------------|---------------------------------------|
| _____ Person 1: Signature and Date | _____ Person 5: Signature and Date |
| _____ Person 2: Signature and Date | _____ Person 6: Signature and Date |
| _____ Person 3: Signature and Date | _____ Person 7: Signature and Date |
| _____ Person 4: Signature and Date | _____ Person 8: Signature and Date |

Parents and Guardians please sign on behalf of children under 18. If you cannot get all your team to sign the waiver before the event, there will be a chance to sign on the day.

Return form in the **Reply Paid Envelope** provided or fax: **02 9683 4020** or email: priscilla@dsansw.org.au

Or post to (no stamp needed):

Phillip Prideaux
 Executive Officer
 Down Syndrome NSW
 Reply Paid 2356
 NORTH PARRAMATTA NSW 1750

Inquiries for volunteering, stalls or other, contact Priscilla Leong 02 9683 1900, buddywalk@dsansw.org.au