

# BUDDY WALK – Australia 2008! FREE REGISTRATION



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

Registered walkers will be emailed (or sent) full details of the Walk and Family Fun Day including drop off options, parking details, bus for drivers, drink station etc.

**\*Return your registration form ASAP to help with organising of the walk.**

**\*Purchase your own Down Syndrome WA t-shirt in advance, while stocks last, so you can wear it on the day.**



I am taking part in

- Buddy Walk Perth Sun 12<sup>th</sup> Oct     from the Bell Tower (5km)     from the Brewery (2.5km)  
 Buddy Walk Regional WA Sun 12<sup>th</sup> Oct        (organise to walk in your town)

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 \_\_\_\_\_

*(please include)*

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

**Team / family name:** (if applicable) \_\_\_\_\_

Person 1: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 2: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 3: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 4: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 5: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 6: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 7: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 8: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 9: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

Person 10: Name \_\_\_\_\_ Age \_\_\_\_\_  pram/ stroller  fun day only

*(attach additional sheets if required)*

*Please contact the association if you wish to know about wheelchair access*

**OVER PAGE.....**

**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. All funds will go to Down Syndrome WA to help continue to provide programs which support people with Down syndrome, their families and the community.

**Fundraising:**

National Buddy Walk – Australia has set up an event page on the Everyday Hero website: [www.everydayhero.com.au/event/buddywalk08](http://www.everydayhero.com.au/event/buddywalk08) The event page gives you details of each state’s walk, and allows walkers from anywhere in Australia to register and fundraise online for their state. Individuals can create their own or their child’s ‘hero’ page and email all their friends to log on and sponsor their walk. Down Syndrome NSW raised \$30,000 this way last year, so it works, is easy and a safe method of fundraising. A new National Buddy Walk page can also be found at [www.buddywalk.org.au](http://www.buddywalk.org.au) on the Down Syndrome NSW site and has links to participating states and the Everyday Hero site.

For people who prefer to collect sponsors in the traditional way we have attached a sponsorship form for you. Or you can do both – register on the Everyday Hero site and use the form as well!

**Funds raised can be sent to the Down Syndrome WA office (cheque, money order or credit card details) before or immediately after the event. (NB: Prefer no money handling on the day).**

**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 WA and its Board 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 2: Signature and Date

\_\_\_\_\_  
Person 3: Signature and Date

\_\_\_\_\_  
Person 4: Signature and Date

\_\_\_\_\_  
Person 5: Signature and Date

\_\_\_\_\_  
Person 6: Signature and Date

\_\_\_\_\_  
Person 7: 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.***

**Please return your Registration Form to:**

Down Syndrome WA, PO Box 338, BENTLEY WA 6982

or fax to: **9358 3533** or email: [dsawa@upnaway.com](mailto:dsawa@upnaway.com)

Inquiries for volunteering or other, please contact Down Syndrome WA:

phone: **9358 3544** or Email: [dsawa@upnaway.com](mailto:dsawa@upnaway.com)