"Raising Hell on the Mountain Top" For Motor Neurone Disease.

A Fundraising event to benefit MND NSW & MND VIC

Sunday 22nd November, 2009

Entry Fees:

Adults	$10
Children	Free
Team (3 or More)	$25

Individual Entry

Name ……
Postal address ……
Email address ……
Mobile phone number ……

Team Entry

Name of your team ……
How many people are in your team? ……
Team leader contact details
Postal address ……
Email address ……
Mobile phone ……

The walk will start at the bottom of the mountain in Thredbo, catching the Snow Gums chairlift to the top, near Eagles Nest restaurant. The walk will then proceed along the grid boardwalk. The walk is approximately 13 kilometers round trip and should take 4-6hrs. The fitness level required is moderate.

Payment method (please circle):

Money Order Cheque Visa M/Card AMEX

Cardholder's name:_____

Expiry :_____ Total amount: $_____

Card number: _____

Signature: _____

Cheques payable MNDNSW (include name of walker on back of cheque)

ALL PARTICIPANTS MUST READ & SIGN THESE CONDITIONS:" I the undersigned in consideration of the acceptance of the organisers and MND NSW/Vic of this entry do hereby for myself, my heirs, my executors and administrators waive all rights claims or cause action which I or they otherwise have arising out of loss, damage or injury which I may sustain in the course of or arising out of my entry or their participation in the "Raising Hell on The Mountain Top" for Motor Neurone Disease (MND) event. I hereby accept all responsibility for my and or /my child's action and waive any claim which I might otherwise have against the organisers and MND NSW/Vic, or any employee or volunteer of arising from any injury, loss or damage as sustained as a result of my and or /my child's participation in the said event (signature of parent or guardian required for walkers under 18 years of age). I understand that In the event the walk cannot be conducted for any reason on the day that organisers and the Associations will not be held responsible for any ancillary or supplementary costs of attendance and non participation."

Name …….. **Date……**

Signature ……. Participant's signature or signature of adult who is organising family group/team entry: Please fax completed form to: MND NSW (02) 9816 2077 or email kymn@mndnsw.asn.au for enquiries call (02) 8877 0999.