

BUDDY WALK - Australia 2009!

FREE REGISTRATION - NSW and ACT WALKS

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 before 31st July and receive a *free* 'Buddy Walk' cap *while stocks last*

* **Early bird special: t-shirts only \$11 before 31st July (\$15 after 31st July, \$20 on the day)**
WHILE STOCKS LAST

* More information at www.buddywalk.org.au

I am taking part in: (*you are welcome to register for more than one Walk*)

Sydney (Oct 11th) ** Newcastle (TBC)* Wollongong (TBC)* Wagga Wagga (TBC)*

ACT (Oct 17th)

*For confirmed walk dates, please go to www.buddywalk.org.au or call 9683 1900

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 _____

** (Sydney residents) I would be interested in hosting a family from out of town for BW? Yes No

(Visitors) Our family would be interested in staying with a Sydney family during BW? Yes No

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

Team / family name: (if applicable) _____

Person 1: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.2: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.3: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.4: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.5: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.6: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.7: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.8: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.9: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

Pers.10: Name _____ Age _____ shirt size _____ wheelchair stroller picnic only

(attach additional sheets if required)

Fundraising Target: \$ _____

Name as you would like it to appear on certificate _____

(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 can set up a [Buddy Walk Hero Page](http://myheropage.buddywalk.org.au) at myheropage.buddywalk.org.au as an easy and fun way to get donations. All funds will go to Down Syndrome NSW & ACT DS Assoc. to provide services that assist children and adults with Down syndrome reach their potential.). See www.buddywalk.org.au for more information.

PLEASE TURN OVER..

No. of 'Buddy Walk' caps requested: _____ (maximum 1 per person registered)

Caps are free for all participants who register before 31st July WHILE STOCKS LAST.

'Buddy Walk' T-Shirts: *Early bird special \$11 per t-shirt before 31st July AND \$15 per t-shirt after 31st July, includes postage and handling.* **WHILE STOCKS LAST**

Adult sizes	X-Small	Small	Med	Large	XL	2XL	3XL	Please list sizes over page		
Children's sizes	00	0	2	4	6	8	10		12	14

Order Amount (shirts): \$ _____
 Donation (optional): \$ _____
 Raffle Tickets (\$2 each) _____ tickets \$ _____
 Total \$ _____

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

Card number: - - -

Name on card: _____ Expiry /

Signature: _____ Date ___ / ___ / ___

Participant's Waiver for Buddy Walk 2009!:

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 ACT Down Syndrome Association Inc and their 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 4: Signature and Date	_____ Person 7: Signature and Date
_____ Person 2: Signature and Date	_____ Person 5: Signature and Date	_____ Person 8: Signature and Date
_____ Person 3: Signature and Date	_____ Person 6: Signature and Date	_____ Person 9: Signature and Date
_____ Person 10: 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, please make sure they sign the waiver at the Walk Start before they do the Walk.

Return form in 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: Priscilla 9683 1900 or 0402 503 885, priscilla@dsansw.org.au