



WALK WITH ME



Registration Form

SCOPE
see me
SEPTEMBER

See the Person, Not the Disability.

- Melbourne 9th Sept
Federation Square
- Bendigo 15th Sept
Lake Weeroona
- Geelong 16th Sept
Eastern Park

Title: Mr, Mrs, Ms, Miss, Dr..... Gender: Male Female

First Name:..... Surname Name:.....

Address:..... Suburb:.....

P/code:..... State:..... E-mail:.....

Best contact number:..... Date of Birth:.....

Emergency contact name:..... Emergency contact number:.....

- Join a team Existing team name:
- Start a Team New team name:.....
- \$60 Family
Family consist of 2 adults and children
- \$25 Adult
18 years and over
- \$10 Students, children over 5, full and supporter members of Scope, people supported by Scope.

Your Name:.....
Mr/Mrs/Miss/Ms First name Surname

Address:.....
State Postcode

Enclosed is a cheque/money order payable to Scope or Please debit my: MasterCard Visa Diners Amex

Card number: _____ / _____ / _____ / _____ Expiry date: ____ / ____

Signature:..... CVC:.....

Your privacy is our priority. All personal information remains confidential. We will not disclose your details to any other organisation.

I agree to the terms and conditions of Walk with Me 2011 for Scope Victoria

TERMS AND CONDITIONS I acknowledge that it is a condition of participating in this event that I do so at my own risk. By competing in the event, I accept all risks necessarily flowing from my participation which could result in loss of life or permanent injury. Accordingly, I release Scope (VIC) Ltd. (and their directors, officers, employees, volunteers and contractors) and 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 in the event and hereby indemnify them against all liability (including liability for their negligence and the negligence of others or any other act or omission) for all injury, loss (including indirect or consequential loss) or damage arising out of my attendance and participation in this event.

I certify that I am 18 years or older and have read this document and fully understand it.

As a parent or guardian of a competitor of a participant under the age of 18 years, I agree to the above for myself and on behalf of my child and I indemnify and will keep indemnified Scope (VIC) Ltd. (and their directors, officers, employees, volunteers and contractors) and all people and corporations associated with the conduct of the event on the terms and conditions referred to above.

Signature:..... Name:..... Date:.....

Please sign and return to Scope via post or fax:

Scope Events
PO Box 608
Box Hill, VIC 3128 Fax number. 9843 2030