Motor Active Parking Application Form

Please return form by:

Email:  hmns.motoractive@uq.edu.au
Post:  Motor Active Program
       School of Human Movement and Nutrition Sciences, Building 26
       University of Queensland
       St Lucia  4072
Fax:  (07) 3365 6877
Enquiries:  0439 876 552

Vehicle and Driver Details:

Surname: ___________________________ First Name: ___________________ Title: _______

Phone: Mobile _______________ Home _______________ Email Address: ____________________

Vehicle Registration Number: _______________ Registered in which state: _______________

Day of the week required: _______________ Commencement date: _______________

Time required:  3:30pm – 5:00pm      Clinic:  Motor Active Program

Signature of Applicant:

The University of Queensland does not accept any responsibility for the (1) loss or damage of any vehicle; or (2) loss or damage to any article upon any vehicle or for any injury to any person, howsoever such loss, damage or injury may arise, including by way of negligence by The University of Queensland.

Signature: ___________________________ Date: ___ / ___ / 20___