



MotorActive

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____



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Motor Active Program
School of Human Movement and Nutrition Sciences
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