

PARKINSON'S^{UK} CHANGE ATTITUDES. FIND A CURE. JOIN US.

I hereby apply for a contribution of up to £300 towards the costs of travel for my proposed trip to the European Parkinson Therapy Centre, Italy (the "Centre"). By signing this application form, I hereby confirm that:

- I have been diagnosed with Parkinson's and live in Oxfordshire.
- I have purchased travel tickets and accommodation to attend the Centre and have provided copies of documents confirming the purchase of my tickets and accommodation with this application.
- It is my sole responsibility for arranging travel insurance for my trip and copies of documents confirming my travel insurance arrangements are also provided with this application.
- This trip has not been organised by Parkinson's UK (company number 00948776) or its Oxford branch and accordingly neither Parkinson's UK nor its Oxford branch has any responsibility or duty of care to me for it and nor have they given me any advice or made any recommendation that I attend the Centre for treatment.
- Payment of any contribution to the costs of my trip shall be made in the absolute discretion of Parkinson's UK (acting by the committee of its Oxford branch) and the payment of any such contribution shall not in any way be an endorsement or recommendation by Parkinson's UK (or its Oxford branch) of the treatment the Centre provides or its suitability to me or any other person.
- Neither Parkinson's UK nor its Oxford branch shall have any liability for any treatment I may receive at the Centre or for any loss or damage I may suffer or incur as a consequence.
- In consideration of any contribution to the costs of my trip which I may receive from Parkinson's UK, I hereby waive any right or cause of action I may have against Parkinson's UK and its Oxford branch in connection with my proposed trip to the Centre and any treatment I may receive there.

I have completed my bank account details below to which any contribution to my travel costs which is approved by the committee of Oxford Branch of Parkinson's UK should be paid.

Signed

Name of applicant:

Address:

Bank name

Bank sort code

Bank account number

Attached: Receipts – travel and accommodation
 Booking details or receipt from European Parkinson Therapy Centre, Italy
 Copy of travel insurance for the trip