National Multiple Sclerosis Society

VOLUNTEER CONSENT FORM

Full Name:	Date:
Address:	Apt:
City/State:	Zip:
E-mail Address:	Age:
Phone Number: **Daytime**	**Evening**
Are you volunteering as part of a group? ☐ Yes ☐ No	Group Name:
Please advise of any medical/allergy information (required):	
Emergency Contact Name	Emergency Contact Phone
Emergency Contact Relationship	Emergency Contact Address

I understand and have agreed to participate in the **Bike MS: Iowa Ride** event/program as a volunteer and have read and understand my responsibilities to be performed. **Based on the Society's "code of conduct", I also understand that as a representative of the National MS Society, I must always conduct myself in a fashion that does not jeopardize the image of the Society**. Volunteers of the Society will operate in a manner that is in the best interest of the Society and maintain the highest standards of conduct and ethical behavior. I agree **NOT** to: (1) authorize the use of the name, emblem, endorsement, services, or property of the Society without consent to do so; (2) take any action that would confer a financial benefit or accept any non-trivial gifts or favors that would confer a benefit to me or an entity in which I am affiliated; or (3) publicly utilize any Society affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the Society's mission. I agree to maintain the confidentiality and privacy standards of the Society and will not disclose, reveal, or use confidential or proprietary information of the Society, its participants, or volunteers without express authorization. This includes, but is not limited to, all medical and personal health information I may obtain about event participants while volunteering. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to the National Multiple Sclerosis Society to use my name and any photograph, likeness or image taken of me during the event in any promotional materials, publication or via the website. Weapons are strictly prohibited at Society events. I agree not to bring a weapon of any kind to the event, including all Society sponsored pre and post event activities. It is my further understanding that the Society reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety of oneself or others. It will be my sole responsibility to obtain the necessary mode of transportation to perform these responsibilities. If for whatever reason I am unable to perform as agreed, I will advise the event coordinator immediately.

Signature _____ **Parent** _____

(Signature of parent for volunteers under the age of 18)