



VOLUNTEER CONSENT FORM

Please return one completed registration per person. Please print clearly

Name _____ Phone _____

Email _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

How Many Years Have You Volunteered with Walk MS? _____ T-Shirt Size _____

Group Name, if applicable (high school + club name): _____

Please advise of any medical/allergy information: _____

Emergency Contact Name, Relationship, Phone # _____

Please share your connection to multiple sclerosis:

I have MS	Relative: sibling of person with MS
I have a friend or co-worker with MS	Relative: spouse of person with MS
Relative: child of person with MS	Relative: other
Relative: parent of person with MS	I do not have a connection to MS

Name and location of event volunteering at: Bike MS: Los Angeles Coastal Challenge (the "Event")

I understand and have agreed to participate in the event 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.

I accept responsibility and assume all risk involved while attending the Event and volunteering with the Society, including any injury or damage caused by my actions or the actions or negligence of any volunteers, participants, attendees, vendors, or Society staff and agents. I hereby release, waive, and discharge the Society, and its employees, volunteers, and agents, from all losses, damages, claims, costs, expenses, and liabilities, including attorney's fees, for injury to my person or property resulting from, or arising out of, the Event or my volunteering. I hereby understand and agree that any items I bring to the Event, including, but not limited to, cameras, video cameras, cell phones, computers, speakers, other electronics, instruments, clothing, bags, purses/wallets, and jewelry are entirely my own responsibility and the Society is in no way responsible for any lost, missing, stolen, or damaged items, regardless of fault. Further, I certify that I have adequate insurance for any personal property that I bring to the Event or use in connection with my volunteering, and that I have health insurance to cover the costs of any injuries I sustain in relation to the Event. I further acknowledge that I will be personally responsible for any expenses not covered by insurance.

I acknowledge that I have carefully read the foregoing, understand its contents, and intend to be fully bound by it. If any portion of this Volunteer Consent Form is held invalid, the remaining portions shall continue in full legal force and effect.

Signature (required to participate) _____ Date _____

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____
(Signature of parent for volunteers under the age of 18)

Turn in this waiver @ the event site when you check in at the Volunteer Tent. If you would like to submit it before the event, you can mail or email it to michelle.woo@nmss.org.