

## VOLUNTEER CONSENT FORM

Full Name:		Date:	T-Shirt Size:
Address:		Apt:	
City/State:		Zip:	
E-mail Address:		Age:	
Phone Number:			
<b>Daytime</b>		<b>Evening</b>	
Are you volunteering as part of a group? <input type="checkbox"/> Yes <input type="checkbox"/> No		Group Name:	
<b>Please advise of any medical/allergy information (required):</b>			
Emergency Contact Name		Emergency Contact Phone	
Emergency Contact Relationship	Emergency Contact Address		

I understand and have agreed to participate in the **2021 Bike MS: Breakaway to the Palm Beaches** 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. 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. 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.

## COVID-19 Liability Waiver

I hereby acknowledge and understand that the 2019 novel coronavirus ("COVID-19") is extremely contagious and easily spread through air, person-to-person contact, and contact with contaminated objects. People can be infected and show no symptoms yet still spread the disease, which can cause serious and potentially life-threatening illness and even death.

I hereby acknowledge and agree that the Society is taking appropriate and reasonable steps to hold all of its events in a safe and healthy manner in consideration of its attendees, including its participants and volunteers. However, I acknowledge and understand that the Society does not make any guarantees that I will not become exposed to, or infected by, COVID-19 while volunteering at the event. Due to the contagious nature of COVID-19, I voluntarily assume the risk that I may become exposed to, or infected by, COVID-19 and that such exposure or infection may result in illness, disability, and/or death.

Further, I knowingly and voluntarily agree to follow all required and relevant federal, state, local, and Society guidelines and recommendations to maintain the health and safety of event attendees. These safety and health guidelines include, but are not limited to, wearing a mask during the event, practicing social distancing by keeping at least six feet between myself and other persons at all times, and regularly using personal sanitation methods such as hand sanitizer. I acknowledge that failure to comply with these practices may result in exposure to, or contraction of, COVID-19 and may put others at risk. Prior to the event, I acknowledge and agree that I will fully and truthfully fill out and sign any additional waivers, releases, and/or questionnaires that may be required of me by the Society as a condition to volunteering at the event.

I acknowledge and agree that I will not attend nor volunteer at the event if I have experienced any illness or COVID-19 related symptoms within any of the fourteen (14) days immediately prior to the event. Such symptoms include, but are not limited to, cough, fever, higher than normal temperature, abnormal fatigue, abnormal body aches/pain, shortness of breath, nausea and/or loss of taste or smell. I will not attend the event if I have tested positive for COVID-19, or if I have been in contact with any person that has tested positive for COVID-19 or shown COVID-19 related symptoms, within any of the fourteen (14) days immediately prior to the event. If I display symptoms commonly related to COVID-19 while at the event, I agree that the Society may, in its sole discretion, instruct me to immediately leave the event premises, which I will promptly comply with.

By signing this Volunteer Consent Form, I acknowledge and understand its intent and for myself, my heirs, executors, administrators and representatives do hereby agree to absolve and hold harmless the Society, all event vendors, and all individuals and organizations connected with the event in any way, together with their respective successors and assigns, from and against any liability arising from me being exposed to, or infected by, COVID-19. I understand that if I am found to have contracted or been exposed to COVID-19 as a result of attendance of the event, then a court of law or third-party mediator or arbiter shall find that I have waived my right to a claim against the Society. I further agree to indemnify, defend, and hold harmless the Society from any claim that may arise from, or relate to, me exposing any individual to COVID-19.

**Signature** \_\_\_\_\_

**Parent** \_\_\_\_\_

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