WALK MS: REGISTRATION FORM

PARTICIPANT INFORMATION

First _____ MI ____ Last _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

❍ I have MS ❍ Relative with MS _____ ❍ Friend/coworker with MS ❍ Other

How many years have you participated in Walk MS (not including this year)? _____

EVENT INFORMATION

I'm walking in (event location)_____

Personal fundraising goal (average goal is $400) _____

❍ Individual Participant ❍ Team ❍ I would like more information on forming a team

TEAM INFORMATION

Team Name _____ Team Captain Name _____

Name of company/org. _____ Team type: ❍ Friends/Family ❍ Corporate

Register additional family members in your household by providing their name(s) and email address(es) _____

_____

_____

WALK MS RELEASE AND WAIVER OF LIABILITY

For consideration of participation in the Walk MS, I waive and release the National Multiple Sclerosis Society ("NMSS"), its chapters, directors, officers, administrators, representatives, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, all sponsors, their representatives and successors and other persons (collectively, the "Releasees"), from any and all claims, liabilities, or causes of action arising out of an injury to me (or my child) and from any and all claims, liabilities, or causes of action arising from my (or my child's) participation or attendance in this event.

Inherent & Potential Risks

I understand that Walk MS involves physical activity associated with walking long distances. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in Walk MS relating to the risk of strenuous physical activity, collisions with other participants, or falling. I acknowledge that I (or my child) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks from contact with other participants and volunteers, negligent or wanton acts of other participants and volunteers, any defects of conditions of road surfaces (including uneven or wet road surfaces or gravel on the road surface), failure of other participants, vehicles, and non-participants to observe traffic signals or laws, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity. I also assume all risks from any and all activities in which I participate at the event site prior to the start of the event and after the conclusion of the event.

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I agree to dress myself (or my child) appropriately as to mitigate risk of physical injury to myself (or my child) including, but not limited to: wearing shoes appropriate for physical activity involved in Walk MS; and dressing in conjunction with the weather.

I agree that the Releasees are not responsible for any personal items or property lost or stolen before, during, or after Walk MS.

Medical Evaluation

I attest that I (or my child) am medically and physically able to participate in Walk MS. If I experience any doubt as to my (or my child's) ability to successfully and safely participate in and/or complete Walk MS, I take full responsibility for consulting a physician. I attest that, if I (or my child) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my child) should have or did consult a physician prior to participating in Walk MS.

I consent to emergency medical care and transportation in the event of injury to me (or my child) as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligence emergency rescue operations.

Voluntary Participation

I am fully aware of the risks connected with participation in Walk MS, whether specifically listed in this Release or not, and I voluntarily elect to participate in Walk MS knowing that this participation involves these risks.

Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue

In consideration for being permitted to participate in Walk MS, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me (or my child), or any loss or damage to property owned by me (or my child), as a result of participating in Walk MS.
2. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my child), or to any property belonging to me (or my child), while participating in Walk MS including, but not limited to, any claim that the act or omission complained of was in whole or in part by the negligence or carelessness of the Releasees.

Acknowledgment and Compliance with Rules

I agree to observe and obey all rules and safety procedures that accompany Walk MS and to abide by any decision of an event official relative to my (or my child's) ability to safely compete in the event. I agree to exhibit appropriate behavior at all times and to obey all laws. NMSS and event officials may dismiss me (or my child), without refund, should my (or my child's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

Severability

I agree that if any portion of this Release is deemed to be invalid, the remainder of the Release will still be binding and enforceable.

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Photography Release

I hereby grant full permission to NMSS to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this event, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, advertising, and commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of NMSS. Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of Walk MS I may take or capture to NMSS.

I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I attest that I am in fact the parent or legal guardian of the minor participant participating in Walk MS. I hereby give my approval to this child's participation in Walk MS. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my child and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my child's participation in Walk MS. I consent to the foregoing and grant permission for my child to participate in Walk MS. I attest that if my child, the above-named participant, is under fourteen (14) years of age as of the date of Walk MS, he or she will be accompanied by an adult eighteen (18) years of age or older throughout his or her participation in Walk MS.

WAIVER: MUST BE SIGNED TO ACCEPT REGISTRATION

With respect to Walk MS, I agree to assume the risks of personal injury or property damage that may result from participating in this event. I also agree to release the National MS Society from all claims and liabilities, and to hold harmless the National MS Society, corporate sponsors, cooperating organizations and all parties connected with this event as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating. I also give permission to use my name and photo taken during the event in any promotional material, publication, or on the website.I agree and accept full responsibility to obey the traffic and rules of safety for the event and understand that the National Multiple Sclerosis Society withholds the right to dismiss anyone that may cause disturbance during this event or disregard the rules with respect to safety.

I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

Signature_____ Date_____

(Guardian signature if under 18) You will receive a confirmation upon receipt of your registration.

MAIL TO:

National MS Society, Greater Illinois Chapter
Attn: Walk MS
525 West Monroe St. • Suite 900
Chicago, IL 60661
Tel: 1.800.344.4867
Fax: 1.312.421.4544
E-mail: walkMSillinois@nmss.org
Website: walkMSillinois.org