



WALK MS: REGISTRATION FORM

PARTICIPANT INFORMATION

First _____ MI _____ Last _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Phone _____ Cell _____

Email _____

☐ 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 \$250) _____

☐ 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

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

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY OR PROPERTY DAMAGE as a result of participating in Walk MS.
2. TO RELEASE, WAIVE, AND COVENANT NOT TO SUE the National MS Society including staff and volunteers from any and all liability, claims, or losses relating to this event.
3. BY SIGNING BELOW, I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE COMPLETE WAIVER AND RELEASE which can be found at walkMS.org.

Signature _____ Date _____

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

SEND THIS COMPLETED FORM TO YOUR LOCAL CHAPTER OR BRING WITH YOU THE DAY OF THE WALK.