2013 WALK MS REGISTRATION

Walk MS Location

Participant Information

First MI Last

Address City State Zip

Phone Employer

Email

Team Name Team Captain Name   
*(if applicable)*

Are you 18 years of age of older?

o Yes   
o No

Please tell us your connection to multiple sclerosis:

o I have MS   
o I have a Friend or Co-worker with MS  
o Relative: Child of a person with MS  
o Relative: Parent of person with MS  
o Relative: Sibling of person with MS  
o Relative: Spouse of person with MS  
o Relative: Other  
o Other

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 www.walkMS.org.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MAIL TO:

Utah-Southern Idaho Chapter

1440 Foothill Drive, Suite 200

Salt Lake City, UT 84108

Tel: 801.424.0112

Fax: 801.424.0122

E-mail: utahevents@nmss.org or idahoevents@nmss

Website: walk**MS**utah.org or walk**MS**idaho.org