

INDIVIDUAL & FAMILY RELEASE AND WAIVER OF LIABILITY

By signing this Individual & Family Release and Waiver of Liability (“Waiver”), and for consideration of participation in the _____ Walk MS event (“Event”), currently scheduled to take place on _____, 20____, I, _____, fully and completely waive and release the National Multiple Sclerosis Society (“Society”), its chapters, directors, officers, administrators, representatives and executors, past and present employees, volunteers, agents, supervisors, participants, all state and local governments, assigns, sponsors, their representatives and successors and other persons (collectively, the “Releasees”), from any and all claims, liabilities, damages, and/or causes of action arising out of an injury to me (or my dependent) and from any and all claims, liabilities, damages, and/or cause of actions arising from, or relating to, my (or my dependent’s) participation or attendance in the Event.

Inherent and Potential Risks

I understand that Walk MS involves strenuous 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 any person listed on this Waiver) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks from contact with other participants and volunteers (including, but not limited to, contracting a disease), collisions with other participants, vehicles, and pedestrians, 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 assume all risks associated with consuming any food or drink available at the Event. I am solely responsible for any adverse health effects from food or beverage consumption, regardless of any allergy, known or unknown, that I (or any person listed on this Waiver) may have.

I agree to dress myself (or my dependent) appropriately as to mitigate the risk of physical injury to myself (or my dependent) including, but not limited to: wearing shoes appropriate for walking 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 the Event.

Weapons are strictly prohibited at all Society events. I agree not to bring a weapon of any kind to the Event, including all Society sponsored pre and post Event activities.

GEORGIA EVENTS ONLY: For the safety of the community, the Society’s national policy is to have events free of weapons. The Society requests your adherence to this policy.

Medical Evaluation

I attest that I (or any person listed on this Waiver) am medically and physically able to participate in Walk MS. If I experience any doubt as to my (or any person listed on this Waiver’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 any person listed on this Waiver) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or any person listed on this Waiver) 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 any person listed on this Waiver) as medical professionals may deem appropriate. This Waiver 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, negligent emergency rescue operations.

Voluntary Participation

I am fully aware of the risks connected with participation in Walk MS, whether specifically listed in this Waiver or not, and I voluntarily elect to participate in Walk MS knowing that my participation involves these risks. My voluntary participation and waiver also acknowledge any additional risks occasioned by any inherent or previously-existing physical limitations, whether known to me or not, that I or my dependent may have.

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 any person listed on this Waiver), or any loss or damage to property owned by me (or any person listed on this Waiver), 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 acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or any person listed on this Waiver), or to any

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property belonging to me (or any person listed on this Waiver), while participating in Walk MS including, but not limited to, any claim that the act or omission complained of **was caused in whole or in part by the negligence or carelessness of the Releasees.**

Acknowledgement and Compliance with Rules

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

Contagious or Infectious Disease Acknowledgement

I hereby acknowledge and understand my participation includes the possible exposure to and illness from contagious or infectious diseases, such as the 2019 novel coronavirus ("COVID-19"). I accept the risk of life-threatening illness, temporary or permanent disability, or even death. I understand that the Society cannot guarantee that I will not become infected with a contagious or infectious disease and that being at this event may increase my risk of contracting such disease or illness.

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. I will not participate in the ride if I am sick or if I have knowingly been exposed to someone with symptoms of an infectious or contagious disease. Prior to the event, I acknowledge and agree that I will fully and truthfully fill out and sign any waivers, releases, and/or questionnaires that may be required of me by the Society as a condition to volunteering at the event.

Severability

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

Photography and Website Release

I hereby grant full permission to the Society to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this event, including all Society sponsored pre and post event activities, 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 the Society. 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 the Society.

I grant permission for the Society to publish and recognize my participation in Walk MS on its website and I have reviewed and consented to the Society's online Privacy Policy found at www.nationalmssociety.org/Helpful-Links/Legal-Notice-Privacy-Policy/Privacy-Policy.

Sign one waiver per adult (18 years of age or older)

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

Full Name: _____ **Signature:** _____ **Date:** _____
(Print)

Emergency Contact Name: _____ **Number:** _____ **Relationship:** _____

COMPLETE BELOW SECTION IF YOU ARE A PARENT/GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I attest that I am in fact the parent or legal guardian of the below-named participant(s). I hereby give my approval to this individual'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 dependent 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 dependent's participation in Walk MS. I consent to the foregoing and grant permission for my dependent to participate in Walk MS. I attest that if my dependent, the below-named participant(s), is under fourteen (14) years of age as of the date of the Event, he or she will be accompanied by an adult eighteen (18) years of age or older throughout the entirety of his/her participation in the Event.

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Child's Full Name: _____ Parent/Guardian Initials: _____

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I acknowledge I have carefully read, accept, and agree to the terms on this Waiver, and know and understand its contents and I sign and initial for children under the age of 18, the same on my own free act and deed.

Parent/Guardian's Full Name: _____ Parent/Guardian's Signature: _____

(Print)

Date: _____