



Heartland Border Walk for MS™ Waiver and Release

Having read this waiver, I, for myself and anyone entitled to act on my behalf, including heirs and assigns, waive and release the Heartland Border Walk for MS, corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns from all claims or liabilities of any kind arising out of my participation in the Heartland Border Walk (the “Event”) even though such claim or liability may arise out of the negligence or carelessness on the part of any person named in this waiver. I do hereby agree that I am physically capable of participating in this Event, and any equipment I may use to participate in the Event is in working condition, that I will observe applicable traffic Event rules. If I do not follow the rules of the Event, I understand that I may be removed from the Event. I consent to receive medical treatment, which may be deemed advisable in the event of injury or illness during the Event. I give my permission to the Heartland Border Walk to use my name and any photographs of me that are made during the course of this event.

Signature: _____ Date: _____

Heartland Border Walk for MS Emergency Contacts

Please list two people we can contact the weekend of the event in the case of an emergency. Please make sure that both your contacts can be reached during the weekend of the Heartland Border Walk for MS. The Contacts listed below cannot be someone participating in the Heartland Border Walk. Please fill out the information completely.

Contact 1	First Name	M	Last Name
	Address		
	City	State	Zip Code
	Phone ()	Alternate Phone ()	
	Relationship to participant:		

Contact 2	First Name	M	Last Name
	Address		
	City	State	Zip
	Phone ()	Alternate Phone ()	
	Relationship to participant:		