



Heartland Border Walk for Multiple Sclerosis Waiver and release for Volunteers

Having read this waiver, I, my 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 claim 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 volunteering for this event, and any equipment I may use to participate in the Event is in working condition, that I will observe applicable traffic 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 for MS to use my name and any photographs of me that are made during the course of this event.

Signature: _____ Date: _____

Please list a person we can contact the weekend of the event in the case of an emergency. Please make sure that your contact can be reached during the weekend of the Heartland Border Walk for MS. The contact listed below cannot be someone participating in the Event. Please fill out the information completely. Please also provide your person information for the weekend.

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

Personal Information	First Name M Last Name
	Address
	City State Zip Code
	Phone Alternate Phone