



WALK MS: REGISTRATION FORM

PARTICIPANT INFORMATION

First _____ MI _____ Last _____

Address _____ City _____ State _____ Zip _____

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

T-Shirt Size S M L XL XXL XXXL

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) _____

WAIVER: MUST BE SIGNED TO ACCEPT REGISTRATION

I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability. Having read this waiver, I, for myself and anyone entitled to act on my behalf, including heirs and assigns, waive and relieve the National Multiple Sclerosis Society (the "NMSS"), the Colorado-Wyoming Chapter, 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 MS 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. 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 permission to the NMSS and its local chapters to use my name, any photographs, or any other media including video or any other audio format acquired during the course of this event

Signature _____ Date _____

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

MAIL TO:

National MS Society Colorado-Wyoming Chapter., 900 S. Broadway Suite 250. Denver, CO 80209 Tel: 303.698.7470 Ext. 2 Fax: 303.698.7421

E-mail: coloradowalkms@nmss.org or wyomingwalkms@nmss.org Website: www.walkmscolorado.org or www.walkmswyoming.org