

**Please bring this form with you the day of the event.**

## **VOLUNTEER CONSENT FORM**

I understand and have agreed to participate in the **2009 Walk MS** event as a volunteer and have read and understand my responsibilities to be performed.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to the National Multiple Sclerosis Society and the Central New England Chapter to use my name and any photograph, likeness or image taken of me during the event in any promotional materials, publication or via the website.

It is my further understanding that NMSS reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety of oneself or others.

It will be my sole responsibility to obtain the necessary mode of transportation to perform these responsibilities. If for whatever reason I am unable to perform as agreed, I will advise the Central New England Chapter, Director of Volunteers or the event coordinator immediately.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Please Print)**

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ **Parent** \_\_\_\_\_  
**(Signature of parent required if  
volunteer is under the age of 18)**

### **Emergency Contact: Please Print**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Note: Please advise of any medical/allergy information:**

\_\_\_\_\_  
\_\_\_\_\_