



PLEASE RETURN THIS FORM ALONG WITH PAYMENT TO: NMSS, 1000 Elmwood Ave, Suite 900, Rochester, NY 14620

About the run:

The Monster Scramble 5K /10K is a Halloween-themed, chip-timed fundraising run through a spooky site that provides an opportunity to connect people living with MS and those who care about them. This community event will raise critical funds to support lifesaving programs, cutting-edge MS research, and necessary services to families affected by MS across Upstate NY. We encourage all participants to raise funds, dress up, and have fun!

Dates and Locations:

- Capital District: Liberty Ridge Farm, Saturday, October 14, 2017
7:30 a.m. check-in and 9 a.m. start
Buffalo: Holy Cross Cemetery, Sunday, October 15, 2017
8:30 a.m. check-in and 10 a.m. start
Rochester: Mount Hope Cemetery, Sunday, October 22, 2017
8:30 a.m. check-in and 10 a.m. start

Prizes

Prizes will be awarded to the top fundraisers, top male and female finishers in each age category, and for best costume. Prizes will also be given to those who reach fundraising levels of \$100, \$250, and \$500+.

About the walk:

Stroll along our family-fun one mile walk route, collecting Halloween goodies along the way.

Check out our website for more information!
MonsterScramble.org

Questions? Contact: NYRevents@nmss.org or 1-800-344-4867 (press #2)

Yes I would like to run or walk:

- \$25 pre-registration for runners
\$5 pre-registration for 1 mile family walk

I will be participating at:

- Capital District
Buffalo
Rochester

- I would like to receive a fundraising kit in the mail to assist me with my personal fundraising efforts.
No, I'm not interested in Monster Scramble, but I would like to make a contribution: \$

DISCOUNT CODE:

Name:

Preferred Phone:

Date of Birth:

Emergency Contact:

Address:

Emergency Contact Phone:

City:

T-Shirt Size*: S M L XL

State: Zip:

Paid Via: Cash Check** Credit Card

Email:

Course: 5K 10K 1 mile walk

Gender: M F

*t-shirts are guaranteed for the first 750 run registrants only (across all 3 sites)
**checks should be made payable to National MS Society

Info needed for Credit Card payment only:

Account #: Exp. Date: Verification Code:

Total payment amount: \$ Authorized Signature:

(Verification Code - AMEX-4 digits on front of card, Visa/MC - last 3 digits on back of card, Discover-on back of card)



MONSTER SCRAMBLE 5K/10K RELEASE AND WAIVER OF LIABILITY

For consideration of participation in Monster Scramble 5K/10K, I waive and release the National Multiple Sclerosis Society ("NMSS"), its chapters, directors, officers, administrators, representatives and executors, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, all sponsors, their representatives and successors and other persons (collectively, the "Releasees"), from any and all claims, liabilities, or causes of action arising out of an injury to me (or my child) and from any and all claims, liabilities, or causes of action arising from my (or my child's) participation or attendance in this event.

Inherent and Potential Risks: I understand that the Monster Scramble 5K/10K involves strenuous physical activity associated with walking and/or running 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 Monster Scramble 5K/10K relating to the risk of strenuous physical activity, collisions with other participants, or falling. I acknowledge that I (or my child) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks from contact with other participants and volunteers, 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 agree to dress myself (or my child) appropriately as to mitigate risk of physical injury to myself (or my child) including, but not limited to: wearing shoes appropriate for strenuous physical activity involved in Monster Scramble 5K/10K; 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 Monster Scramble 5K/10K.

Medical Evaluation: I attest that I (or my child) am medically and physically able to participate in Monster Scramble 5K/10K. If I experience any doubt as to my (or my child's) ability to successfully and safely participate in and/or complete Monster Scramble 5K/10K, I take full responsibility for consulting a physician. I attest that, if I (or my child) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my child) should have or did consult a physician prior to participating in Monster Scramble 5K/10K. I consent to emergency medical care and transportation in the event of injury to me (or my child) as medical professionals may deem appropriate. This Release 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, negligence emergency rescue operations.

Voluntary Participation: I am fully aware of the risks connected with participation in Monster Scramble 5K/10K, whether specifically listed in this Release or not, and I voluntarily elect to participate in Monster Scramble 5K/10K knowing that this participation involves these risks.

Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue: In consideration for being permitted to participate in Monster Scramble 5K/10K, 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 my child), or any loss or damage to property owned by me (or my child), as a result of participating in Monster Scramble 5K/10K.

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 may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my child), or to any property belonging to me (or my child), while participating in Monster Scramble 5K/10K including, but not limited to, any claim that the act or omission complained of was in whole or in part by the negligence or carelessness of the Releasees.

Acknowledgment and Compliance with Rules: I agree to observe and obey all rules and safety procedures that accompany Monster Scramble 5K/10K and to abide by any decision of an event official relative to my (or my child's) ability to safely compete in the event. I agree to exhibit appropriate behavior at all times and to obey all laws. NMSS and event officials may dismiss me (or my child), without refund, should my (or my child's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

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

Photography Release: I hereby grant full permission to NMSS to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this event, 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 NMSS. Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of Monster Scramble 5K/10K I may take or capture to NMSS. I also hereby give permission to the National Multiple Sclerosis Society and the Upstate New York 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. I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

ONLY COMPLETE BELOW SECTION IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18: I attest that I am in fact the parent or legal guardian of the minor participant participating in Monster Scramble 5K/10K. I hereby give my approval to this child's participation in Monster Scramble 5K/10K. 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 child 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 child's participation in Monster Scramble 5K/10K. I consent to the foregoing and grant permission for my child to participate in Monster Scramble 5K/10K. I attest that if my child, the above-named participant, is under fourteen (14) years of age as of the date of Monster Scramble 5K/10K, he or she will be accompanied by an adult eighteen (18) years of age or older throughout his or her participation in Monster Scramble 5K/10K. I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

Participant name: _____ Date: _____

Parent Name (if participant is under 18): _____

Participant signature (or parent signature if under 18): _____