National
Multiple Sclerosis
Society
Pacific South Coast
Chapter

Waiver of Responsibility
Physical Wellness Classes

In signing this release, I understand the intent thereof, and will for myself, executors, administrator, and assigns hereby release the National Multiple Sclerosis Society, Chapter and all other sponsoring agencies, organizations and their respective agents and employees from all claims of damages, actions whatsoever, in any manner as a result of my participation in the Physical Wellness Program sponsored by the Pacific South Coast Chapter.

In the event of an emergency, I hereby give the Pacific South Coast Chapter permission to provide treatments in case of injury or illness. I understand that I must be able to participate in the class without assistance. If I do need assistance, I understand that I must have a caregiver attend the class with me. This includes entering and exiting a swimming pool.

I understand that this waiver must be completed prior to participation in the Physical Wellness Classes and that I MUST have a physician fill out the appropriate section below.

_____ _____
Participant Name (Print) Phone Number

_____
Complete Address

_____ _____
Signature Date

_____ _____
Emergency Contact Phone Number

Physician Release – The following section must be filled out by your physician.

In my opinion, this client can participate in a supervised physical wellness program such as aquatics, Pilates, Lebed Method, strength training, or yoga.

THE PERSON LISTED ABOVE HAS MULTIPLE SCLEROSIS _____YES _____NO
Physician's Signature (REQUIRED)_____

Physician's Name_____

Address_____
City, State, Zip_____
Phone_____ Date_____

Return to: National MS Society, Attn. Katie Freiert
3000-C Airway Suite 125 Costa Mesa, CA 92626
Phone: 1-800-FIGHT-MS (344-4867) Fax: (714) 754-1243