2012 Muck Ruckus MS
Volunteer Registration Form
Grand Park, CO

Please return one completed registration per person.

First Name:_____ Last Name: _____ Phone:_____

Email: _____ Address:_____ City:_____

State: _____ Zip:_____ Gender: _____ Date of Birth:_____ Are you affiliated with a group or team? _____

Emergency Contact Name:_____ Phone:_____

Please share your connection to multiple sclerosis:

	I have MS		Relative: sibling of person with MS
	I have a friend or co-worker with MS		Relative: spouse of person with MS
	Relative: child of person with MS		Relative: other
	Relative: parent of person with MS		I do not have a connection to MS

Please X your preferred volunteer areas and the days you are available. *Final assignments will be sent within two weeks.*

	Greeters/Parking Monitor (Festival Site)		Medical (Festival Site and on the course)
	Participant Check-in/Packet pick-up (Festival Site)		Start Line (On the course)
	Participant Gear-check (Festival Site)		Course Monitors - Stationary and Mobile (On the course)
	Fundraiser Tent (Festival Site)		Spectator Firing Line (On the course)
	Kids' Activities (Festival Site)		Hydration Station (On the course)
	Food/Beverage (Festival Site)		Finish Line Team (On the course)
	Green Team (Festival Site)		Participant Hose Down Team (On the course)

WAIVER AND RELEASE FROM LIABILITY

With respect to the 2012 Muck Ruckus MS event with the National Multiple Sclerosis Society ("NMSS"), Colorado - Wyoming Chapter, for consideration of participation, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity.

I further agree to waive and release from all claims and liabilities of any kind arising out of my participation and agree to hold harmless NMSS, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation.

I will permit emergency treatment in the event of injury or illness while participating and give permission to use my image and photo taken during the event in any promotional material, publication, or on the website.

I do agree and accept full responsibility to obey the traffic and rules of safety for the event and understand that NMSS withholds the right to dismiss anyone that may cause disturbance during this event or disregard the rules with respect to safety. I certify that I have read and understand the intent of this waiver and release.

_____ _____

Signature (required to participate) Date

Mail to:

National MS Society - Amanda Douglass
900 S. Broadway, 2nd Floor
Denver, CO 80209

FAX: Attn: Amanda Douglass – 303-698-7421
Email: amanda.douglass@nmss.org