Please carefully read and sign this General Waiver and Full Release Form along with the Emergency Notification Form on the back. This information MUST be on file to participate as a rider in the Bike MS Pedal to the Point Ride. The information is used as authorization for treatment in the event of injury during the Ride.

RIDER GENERAL WAIVER AND FULL RELEASE FORM

In signing this release, I acknowledge that I understand its intent, and I, for myself, my heirs, executors, administrators and representatives do hereby agree and will absolve and hold harmless the National Multiple Sclerosis Society, the Ohio Buckeye Chapter, corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns (the "Sponsors") singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever which may result from or be connected to my participation as a rider in the Bike MS Pedal to the Point Ride 2012.

In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating as a rider in this event, that my bicycle and any other equipment I may use to participate in the event is in working condition, that I will observe applicable traffic and event rules and that I will wear a helmet. If I do not follow the rules of the event, I understand that I may be removed from the event. Additionally, to ensure the safety of NMSS staff and volunteers as well as riders we must close the route at 5:00 PM on August 4 and 5. If you decline to be SAGed at that time you will forfeit your right to SAG, safety, and food.

I hereby consent to and permit emergency treatment in the event of injury and illness while participating in this event. I also hereby give permission to the National Multiple Sclerosis Society and the Ohio Buckeye Chapter to use my name and any photograph taken of me during the event in any promotional materials or publications including video and the National Multiple Sclerosis Society Website.

I certify that I have read this waiver and release and understand its significance.

(Please print clearly on BOTH sides)

Name: _____ Signature: _____ Date: _____

If the rider is 17 years of age and under, please complete this box. This release must be notarized in order to participate in the event.

Name of Parent/Guardian: _____ *(Please Print)*

Signature of Parent/Guardian: _____

Name of participating adult responsible for the child on route:

Name: _____

* Notary Signature: _____ Date: _____

Please send completed waiver to: National Multiple Sclerosis Society
6155 Rockside Rd., Suite 202
Independence, OH 44131
Or Fax: (216) 696-2817

PLEASE COMPLETE BACK SIDE OF WAIVER

EMERGENCY NOTIFICATION

Please provide the following information.

Rider's Name _____

Rider's Address _____

_____

I will be riding a _____ **bicycle.**
(Manufacturer & Model)

Rider's Medical Insurance Carrier _____

Rider's Medical Insurance Policy Number _____

PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY ON AUGUST 4 AND 5
It is important to list several people who can be easily contacted in case of a medical emergency on the tour. If these contacts change before the tour, please call us as soon as possible to update your information.

Contact Name: _____ **Relationship:** _____

Contact's Mailing Address: _____

Home Phone: _____ **Work Phone:** _____

Contact Name: _____ **Relationship:** _____

Contact's Mailing Address: _____

Home Phone: _____ **Work Phone:** _____

ALLERGIES AND OTHER IMPORTANT HEALTH INFORMATION
Please list any pertinent medical information that could be helpful in treating you in case of a medical emergency (i.e. allergic to bee stings, taking high blood pressure medicine, diabetic, etc).

Are you currently taking any medications? _____

Do you have any allergies? _____

Do you have any special physical needs? _____

_____