WALKMS2012 Registration Form

First _____ MI _____ Last _____

Address _____ City _____ State ____ Zip _____

Phone (H) _____ (Cell) _____

Email _____

Date of birth: (mm/dd/yy) _____/_____/_____ Sex: ❑ M ❑ F

❑ I have MS ❑ Relative(s) with MS _____ ❑ Friend/coworker with MS ❑ Other

Employer _____

How many years have you participated in Walk MS (not including this year)? _____

I am walking in (event location) _____

T-shirt size ❑ S ❑ M ❑ L ❑ XL ❑ XXL ❑ XXXL

I plan to raise funds for this event ❑ Yes ❑ No

Personal fundraising goal (average goal is $250) _____

❑ Individual participant ❑ Team ❑ I would like more information on forming a team

Team Information (if applicable)

Team name _____ Team captain _____

Name of company/org. _____ Team type: ❑ Friends/Family ❑ Corporate

Register additional family members in your household by providing their name(s) and email address(es) _____

_____

_____

WAIVER: ***Must be signed to accept registration***

Having read this waiver, I, for myself and anyone entitled to act on my behalf, including heirs and assigns, waive and relieve the National Multiple Sclerosis Society (the "NMSS"), the Colorado-Wyoming Chapter, corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns from all claims or liabilities of any kind arising out of my participation in the MS Walk (the "Event") even though such claim or liability may arise out of the negligence or carelessness on the part of any person named in this waiver. If I do not follow the rules of the Event, I understand that I may be removed from the Event. I consent to receive medical treatment which may be deemed advisable in the event of injury or illness during the Event. I give my permission to the NMSS and its local chapters to use my name, any photographs, or any other media including video or any other audio format acquired during the course of this event.

Signature _____ Date _____

(Guardian signature if under 18) You will receive a confirmation upon receipt of your registration.

Mail to: Colorado-Wyoming Chapter, National MS Society, 900 S. Broadway, Ste. 250, Denver, CO 80209

National Multiple Sclerosis Society
Colorado-Wyoming Chapter

Tel: 303-698-7470 Fax: 303-698-7421 Email: ColoradoWalkMS@nmss.org or WyomingWalkMS@nmss.org