



WAIVER AND RELEASE FROM LIABILITY (Adults)

With respect to the **Bike MS** event to be held on _____ through _____ with the National Multiple Sclerosis Society (“NMSS”), _____ 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 the National MS Society, 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 in the event. I also give permission to use my name 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 the National Multiple Sclerosis Society 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.

Participant Name: _____ Participant Signature: _____

Date: _____



WAIVER AND RELEASE FROM LIABILITY
(Minors)
(Participants ages 12 through 17)

With respect to the **Bike MS** to be held on _____ through _____ with the National Multiple Sclerosis Society ("NMSS"), _____ chapter, I hereby grant my child _____, permission to participate in this event.

For consideration of participation in the **Bike MS**, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from this potentially hazardous activity on behalf of my child.

I further agree to waive and release from all claims and liabilities of any kind arising out of my child's participation and agree to hold harmless the National MS Society, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my child's participation. **I understand that it is the Society's policy that every child must be accompanied by a responsible adult at least 21 years of age at all times.**

I will permit emergency treatment in the event of injury or illness while participating in the event. I also give permission to use my child's first name only and photo taken during the event in any promotional material, publication, or on the website.

I accept responsibility to inform my child that the National Multiple Sclerosis Society withholds the right to dismiss anyone that may cause disturbance during this event. I also understand that it is my responsibility to ensure proper training has occurred and that he/she has been instructed on the event and traffic rules. I agree to accept any responsibility for disregarding these rules.

I certify that I have read and understand the intent of this waiver and release.

Participant Name: _____ Age of Participant: _____

Signature is required by Parent or Legal Guardian for all participants ages 12 through 17. Witness of signature provided by Notary Public is also required.

Parent/Legal Guardian Name

Date: _____

Notary Public: _____

Seal:

Parent/Legal Guardian Signature

Date: _____