



National
Multiple Sclerosis
Society

VOLUNTEER CONSENT FORM
Walk MS 2018

Name _____ Date _____

Email _____

Address _____

City | State | Zip _____

Phone Number (Cell Home) _____

I understand and have agreed to participate in Walk MS 2018 as a volunteer and have read and understand my responsibilities to be performed. **Based on the Consent Form, I also understand that as a representative of the National Multiple Sclerosis Society (“Society”), I must always conduct myself in a fashion that does not jeopardize the image of the Society.** Volunteers of the Society will operate in a manner that is in the best interest of the Society and maintain the highest standards of conduct and ethical behavior.

Volunteers shall:

1. Not authorize the use of the name, emblem, endorsement, services, or property of the Society without obtaining consent to do so;
2. Not take any action that would confer a financial benefit or accept any non-trivial gifts or favors that would confer a benefit to the volunteer or an entity in which he or she has an affiliation;
3. Not publicly utilize any Society affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue not in conformity with the Society’s mission;
4. Comply with the Society’s Privacy Policy and will not disclose, reveal, or use confidential or proprietary information of the Society, its participants, or volunteers without express authorization. This includes, but is not limited to, all medical and personal health information I may obtain about event participants while volunteering.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to the Society to use my name and any photograph, likeness or image taken of me during the event in any promotional materials, publication or via the website.

It is my further understanding that the Society reserves the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner that could jeopardize the safety of oneself or others.

It will be my sole responsibility to obtain the necessary mode of transportation to perform these responsibilities. If for whatever reason I am unable to perform as agreed, I will advise the event coordinator immediately.

Signature _____ Parent _____
(Signature of parent for volunteers under the age of 18)

Emergency Contact (Name/Address/Phone Number):
