

REGISTRATION FORM

Fill out each field completely. One registration form per participant.
For expedited registration, register online at walkMSnorcal.org

Saturday, April 26	Sunday, April 27	Saturday, May 3	Sunday, May 4
<input type="checkbox"/> East Bay	<input type="checkbox"/> Eureka	<input type="checkbox"/> Modesto	<input type="checkbox"/> Folsom
<input type="checkbox"/> Solano County	<input type="checkbox"/> Monterey	<input type="checkbox"/> Silicon Valley	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Yuba City	<input type="checkbox"/> Pleasanton		<input type="checkbox"/> Santa Rosa
	<input type="checkbox"/> Sacramento		<input type="checkbox"/> Walnut Creek

Title: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Male Female Birthdate: ____/____/____

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Please Specify: Home Business If business, please specify business name: _____

Preferred Phone: _____ E-mail: _____

Emergency Contact First and Last Name: _____ Contact Phone: _____

What is your fundraising goal? \$ _____

Employer: _____

Does your company have a matching gift program? Yes No

Would you like to accept the MVP Challenge by raising \$1,000 or more?

Yes No Maybe

This is not a binding commitment, but a challenging goal for you to strive to reach.

Are you walking on a team? Yes No

If yes, enter your team name here: _____

Are you the team captain? Yes No

Team Goal: \$ _____ Team Member Goal: _____

Please tell us the primary reason you are participating in Walk MS:

I am supporting the National MS Society

I am supporting the cause, creating a world free of MS

A friend/family member asked me to participate

My company/church/community group asked me to participate

I like to walk

Please tell us your connection to multiple sclerosis:

I have MS

Someone close to me has/had MS

I am a caregiver of someone with MS

I know of others affected by MS

I don't have a connection to MS

How many years have you participated in Walk MS? _____
(if this is your first year, enter 0)

How did you hear about Walk MS?

Brochures / Poster Word of Mouth

Mail Radio

Past Participant Email from MS society

Facebook/Twitter Friend/Family member

Team Captain

Make your donation now!

Check made payable to Walk MS enclosed

Mastercard Visa Discover AMEX

Card #: _____

Expiration Date: ____/____ Amount charged to card: _____

Signature: _____

Mail completed forms to:

National MS Society, Attn: Walk MS
1700 Owens Street, Suite 190
San Francisco, CA 94158

In consideration for being permitted to participate in Walk MS, I voluntarily agree for myself, heirs and assigns to the following:

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY OR PROPERTY DAMAGE as a result of participating in Walk MS.
2. TO RELEASE, WAIVE, AND COVENANT NOT TO SUE the National MS Society including staff and volunteers from any and all liability, claims, or losses relating to this event.
3. BY SIGNING BELOW, I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE COMPLETE WAIVER AND RELEASE which can be found at www.walkms.org.

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

Signature: _____ Date: _____