



# WALK MS: LONG ISLAND 2014 PRESENTED BY ZWANGER-PESIRI RADIOLOGY REGISTRATION FORM

## PARTICIPANT INFORMATION

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

Circle all that apply: I have MS Relative with MS \_\_\_\_\_ Friend/coworker with MS Other

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

## EVENT INFORMATION

I'm walking in (Circle one event location): Belmont Lake State Park - Sunday, May 4, 2014\* Jones Beach, Field 5- Saturday, May 17, 2014

\* The Pooch Parade will take place at Belmont Lake State Park only.

Personal fundraising goal (average goal is \$250) \_\_\_\_\_

Circle Participant Type: Individual Participant Team I would like more information on forming a team

## TEAM INFORMATION

Team Name \_\_\_\_\_ Team Captain Name \_\_\_\_\_

Name of company/org. \_\_\_\_\_ Circle Team type: Friends/Family Corporate School

Register additional family members in your household by providing their name(s), birthdates and email address(es) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## WALK MS RELEASE AND WAIVER OF LIABILITY

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

National MS Society, Long Island Chapter  
40 Marcus Drive, Suite 100  
Melville, NY 11747  
Tel: 631-864-8337 Fax: 631-864-8342  
E-mail: natale.raimo@nmss.org  
Website: www.walkMSlongisland.org