

2024 VOLUNTEER CONSENT FORM

Full Name:		Date:
Address:		Apt:
City/State:		Zip:
E-mail Address:		Date of Birth:
Phone Number: Daytime		Evening
Are you volunteering as part of a group? Yes No		Group Name:
Please advise of any medical/allergy information (required):		
Emergency Contact Name:		Emergency Contact Phone:
Emergency Contact Relationship:	Emergency Contact Address:	

Compliance with the Society's Code of Conduct

As outlined in the Society's [Code of Conduct](#), I understand that as a representative of the National MS Society, I must always conduct myself in a fashion that does not jeopardize the Society's image. Society volunteers must operate in the best interest of the Society and maintain the highest standards of conduct and ethical behavior. I agree **NOT** to: (1) authorize the use of the name, emblem, endorsement, services, or property of the Society without consent to do so; (2) take any action that would confer a financial benefit or accept any non-trivial gifts or favors that would confer a benefit to me or an entity which I am affiliated; or (3) 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. I agree to maintain the confidentiality and privacy standards of the Society 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.

Weapons Prohibition

Weapons are strictly prohibited at all Society events, and I agree not to bring a weapon of any kind to the event, including all pre-event and post-event activities.

Georgia Events Only: For the safety of the community, the Society's national policy is to have events free of weapons. The Society requests your adherence to this policy.

Consent to Emergency Treatment

I hereby consent to emergency treatment in the event of injury or illness while participating in the event, including but not limited to first aid, doctor's care, hospitalization, transportation to medical facility, and/or any other relevant care.

Photo and Video Consent

I hereby grant full permission to the Society to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in any Society 2023 event, including all Society sponsored pre and post event activities, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, advertising, and commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of the Society. Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of 2023 events I may take or capture to the Society.

I grant permission for the Society to publish and recognize my event participation on its website and I have reviewed and consented to the Society's online Privacy Policy found at www.nationalmssociety.org/Helpful-Links/Legal-Notice-Privacy-Policy/Privacy-Policy.

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Volunteer Duties

I understand that I will only accept positions that I am physically and mentally capable of performing. I agree that it is my sole responsibility to obtain the necessary mode of transportation to and from the event.

I acknowledge and accept the risk of physical injury that could occur from my participation as a volunteer. I fully and completely waive and release and hold harmless the National Multiple Sclerosis Society ("Society"), its chapters, directors, officers, administrators, representatives and executors, past and present employees, volunteers, agents, supervisors, participants, all state and local governments, assigns, sponsors, their representatives and successors and other persons (collectively, the "Releasees"), from any and all claims, liabilities, damages, and/or causes of action arising out of an injury to me and from any and all claims, liabilities, damages, and/or cause of actions arising from, or relating to my volunteer service. To the extent that applicable statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Society, its employees and agents.

If I am unable to perform as agreed, I will advise the event coordinator immediately. To the extent that I use any equipment of the Society, or its agents, in my role as a volunteer, then such use shall at all times be in compliance with the Society's [Acceptable Use Policy](#), which I acknowledge that I have received, read, and fully understand and agree to follow. In the event I witness any activity that will impede safety, I will immediately notify my supervisor to help reduce the likelihood of harm. I understand and agree that the Society reserves the right to refuse or dismiss anyone that may cause a disturbance or hindrance that could jeopardize the safety of others.

I understand that my relationship with the Society is limited to a completely voluntary position and no compensation is expected in return for my services.

Volunteers Under 18

I understand that a parent or legal guardian must sign this consent form for any volunteer under the age of 18. Minors under the age of 12 must be accompanied by a responsible adult during the Event. I acknowledge that the Society will not supervise or be responsible for minor volunteers.

Contagious or Infectious Disease Acknowledgement

I hereby acknowledge and understand my participation includes the possible exposure to and illness from contagious or infectious diseases, such as the 2019 novel coronavirus ("COVID-19"). I accept the risk of life-threatening illness, temporary or permanent disability, or even death. I understand that the Society cannot guarantee that I will not become infected with a contagious or infectious disease and that volunteering at this event may increase my risk of contracting such disease or illness.

Further, I knowingly and voluntarily agree to follow all required and relevant federal, state, local, and Society guidelines and recommendations to maintain the health and safety of event/program attendees. I will not participate in an event/program if I am sick or if I have knowingly been exposed to someone with symptoms of an infectious or contagious disease. Prior to any event, I acknowledge and agree that I will fully and truthfully fill out and sign any waivers, releases, and/or questionnaires that may be required of me by the Society as a condition of volunteering at the event.

Severability

I agree that if any portion of this Consent Form is deemed to be invalid, the remainder of the Consent Form will still be binding and enforceable.

Agreement to Terms

I understand and have agreed to participate in a National MS Society event(s)/program(s) as a volunteer and have read and understand my responsibilities. I understand that failing to follow the requirements outlined in this consent form may result in my immediate removal from a Society event and/or prohibition from participating in future Society events.

I acknowledge and represent that I have carefully read and understand all terms of this Consent Form.

Signature _____

Parent _____

(Signature of guardian for volunteers under the age of 18)