



EVENT VOLUNTEER ACKNOWLEDGEMENT & RELEASE

| | |
|--------------------------------|---------------------------------|
| Full Name: | Date of Birth: |
| Address: | Apt: |
| City/State: | Zip: |
| E-mail Address: | Phone Number: |
| Emergency Contact Name: | Emergency Contact Phone: |

Thank you for volunteering with the National Multiple Sclerosis Society (the "Society"), a nonprofit corporation dedicated to helping people affected by MS live their best lives as we stop MS in its tracks, restore what has been lost and end MS forever. This Acknowledgement and Release Form outlines the Society's expectations and responsibilities. Contact your designated Society staff if you have any questions.

Nature of Volunteer Relationship

I understand that my role is entirely voluntary, without compensation, and does not create an employer-employee relationship with the Society.

Confidentiality

I agree to maintain the confidentiality of the Society's information and will not disclose it without prior written authorization.

Code of Conduct

I understand that as a volunteer for the Society, I must always conduct myself in a manner that does not jeopardize the Society's name, image, or reputation. I agree to uphold the principles of inclusion, diversity, equity, and accessibility in all my actions and decisions. I will also refrain from engaging in any unlawful behaviors, including threats, intimidation, bullying, abuse, discrimination and harassment.

Weapons Prohibition

I agree not to bring weapons to any Society event.

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 consent to emergency treatment in the event of injury or illness while participating in Society events.

Photo and Video Consent

I grant the Society permission to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or other records of my participation in Society events for promotional and other purposes, in perpetuity. I assign a royalty-free license to these materials to the Society.

Volunteer Duties

I understand I will only accept positions I am physically and mentally capable of performing and will arrange my transportation to and from the event. I accept the risk of physical injury and release the Society and its affiliates from any liability for injuries sustained during my volunteer service. I understand this includes releases for negligence where permitted by law.

Reporting and Safety

I will promptly report any safety concerns or violations to Society staff immediately or anonymously through Ethico at <http://MyComplianceReport.com> using company ID: NMSS. The Society reserves the right to refuse or dismiss anyone who may cause a disturbance or hindrance that could jeopardize the safety of others. Additionally, I acknowledge that I have reviewed the [Society's Whistleblower Policy](#) on reporting misconduct.

Volunteers Under 18

A parent or legal guardian must sign this Acknowledgement and Release Form for volunteers under the age of 18. Minors under 12 years must be accompanied by an adult. The Society is not responsible for supervising minors.

Contagious or Infectious Disease

I acknowledge the risk of exposure to contagious diseases while volunteering. I will follow all health guidelines and will not participate if I am sick or have been exposed to an illness.

Agreement to Terms

I understand and agree to the terms outlined in this Acknowledgement and Release Form and recognize that non-compliance may result in my removal from Society events and future volunteer opportunities.

Signature _____

Parent _____

Date _____

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