Bike MS: Buckeye Breakaway – August 6-7, 2016

Brunswick High School to Ashland University

Volunteer 2016 REGISTRATION FORM & INFO

Four easy ways to register to volunteer

1) Mail: Nat'l MS Society-Ohio Buckeye Chapter
6155 Rockside Road, Suite 202
Independence, OH 44131

2) Fax: (216) 696-2817

3) Email: yvette.hanzel@nmss.org

4) Online form: www.msohioBike.org

FORM IS NULL & VOID WITHOUT SIGNATURE ON RELEASE & CONSENT.

VOLUNTEER NAME AND ADDRESS

Name _____ ☐ Male ☐ Female Birth Date ___/___/___

Street Address _____ ☐ *New address (less than 1 year)*

City _____ State _____ ZIP _____

Employer/School _____ Occupation _____

CONTACT INFORMATION

Primary Phone Number (_____) _____ Email _____

Cell Number (_____)_____ Emergency Contact _____ Phone Number (_____)_____

VOLUNTEER ASSIGNMENT

Please select your preference and check the box(es) on page 2 for the site(s) and position(s) in which you would like to volunteer. Positions are filled on a first come first serve basis. Though positions are not guaranteed, we will do our best to accommodate you. You will be notified as we get closer to the event.

VOLUNTEER INFORMATION

1) Group/individual(s) you would like to volunteer with *(we will do our best to accommodate)*:_____

2) Physical limitations: ☐ Must sit ☐ Avoid sun/heat ☐ Use a wheelchair ☐ Easily fatigued ☐ Other:_____

3) Medical/allergy information:_____

4) Volunteer T-Shirt size (unisex): ☐ I have a t-shirt! ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ 2XL ☐ 3XL

5) Specialized training: ☐ Medical ☐ Massage Therapist ☐ Photographer ☐ DJ ☐ Notary ☐ Other:_____

IMPORTANT ADDITIONAL INFORMATION

6) Do you have a personal connection to MS? ☐ Self ☐ Spouse ☐ Child ☐ Parent ☐ Relative ☐ Friend ☐ Other

7) Including this year, how many years have you participated in Bike MS *(best guess)*: _____ In what capacity: _____

8) I want to help promote Bike MS:
- ☐ Contact me regarding how I can raise pledges (and earn prizes) as a Bike MS volunteer.
- ☐ I would like to place Bike MS brochures and posters in my office, school, gym, church, etc.
- ☐ Send me information regarding how my company can sponsor Bike MS or help with donations of food, products or services.
- ☐ Contact me to find out how I or my company can sell Bike MS Pin Ups.

9) What prompted you to volunteer for Bike MS?

☐ Email ☐ Family/friend/coworker ☐ I am a past volunteer ☐ Mail
☐ MS Connection newsletter ☐ Ohio Buckeye Chapter website ☐ Facebook ☐ Other

QUESTIONS? Yvette Hanzel **Phone** (216) 503-4158 **Toll free** (800) 344-4867 Press 2 **Email** yvette.hanzel@nmss.org

Bike MS: Buckeye Breakaway VOLUNTEER POSITIONS

Rider Check In	☐	Saturday, 8/6 - LaGrange	10a - 2p	☐	Sunday, 8/7 - Brunswick	10a - 2p
	☐	Saturday, 8/6 - Ashland	10a - 2p	☐	Sunday, 8/7 - Brunswick	2p - 5:30p
	☐	Saturday, 8/6 - Ashland	2p - 5p			
Express Breakfast	☐	Saturday, 8/6 - Brunswick	5:30a - 8:30 a	☐	Sunday, 8/7 - Ashland	7a - 10a
Route Marking	☐	Saturday, 7/30 - Route Travel	8a - complete	☐	Friday, 8/5 - Route Travel	8a - complete
(approx. 4 hours)	☐	Sunday, 7/31 - Route Travel	8a - complete			
Food Prep	☐	Sunday, 8/7 - Brunswick	7a - 11a	☐	Sunday, 8/7 - Brunswick	2p - 6p
& Service	☐	Sunday, 8/7 - Brunswick	11a - 2p			
Lunch	☐	Saturday, 8/6 - LaGrange	6a - 1:30p	☐	Sunday, 8/7 - LaGrange	6:30a - 1:30p
Rest Stops	☐	Check if you would like to be contacted to……		→	volunteer at 1 of 7 rest stops along route	
Massage Therapy	☐	Saturday, 8/6 - Ashland	11a - 2p	☐	Sunday, 8/7 - Brunswick	10a - 2p
	☐	Saturday, 8/6 - Ashland	2p - 5p	☐	Sunday, 8/7 - Brunswick	2p - 6p
	☐	Saturday, 8/6 - Ashland	5p - 8p			
Medical	☐	Saturday, 8/6 - Along route	7a - 5:30p	☐	Sunday, 8/7 - Along route	7a - 5:30p
Floater	☐	Saturday, 8/6 - Brunswick	5a - 8a	☐	Sunday, 8/7 - Ashland	6a - 10a
	☐	Saturday, 8/6 - Ashland	10a – 8p	☐	Sunday, 8/7 - Brunswick	10a - 4p
Luggage	☐	Saturday, 8/6 - Brunswick	5:30a - 8:30a	☐	Sunday, 8/7 - Ashland	6a - 8a
	☐	Saturday, 8/6 – Ashland	10a - 2p	☐	Sunday, 8/7 - Brunswick	9:30a - 12p
Finish/Water Station	☐	Saturday, 8/6 - LaGrange	9a - 1p	☐	Sunday, 8/7 - Brunswick	10a - 2p
Cheerleaders	☐	Saturday, 8/6 - Ashland	10a - 2p	☐	Sunday, 8/7 - Brunswick	2p - 5:30p
	☐	Saturday, 8/6 - Ashland	2p - 5:30p			
SAG Drivers	☐	Saturday, 8/6 - Route Travel	6:30a - 5:30p	☐	Sunday, 8/7 - Route Travel	6:30a - 5:30p
Gold Wing Rider	☐	Saturday, 8/6 - Route Travel	6:30a - 5:30p	☐	Sunday, 8/7 - Route Travel	6:30a - 5:30p
HAM Radio	☐	Saturday, 8/6	6:30a - 5:30p	☐	Sunday, 8/7	6:30a - 5:30p
Set Up/Tear Down	☐	Saturday, 8/6 - Brunswick	5a - 8a	☐	Sunday, 8/7 - Brunswick	7a - 10a
	☐	Saturday, 8/6 - Ashland	8a - 10a	☐	Sunday, 8/7 - Brunswick	4:30p - 6p
Bus Check In (position	☐	Saturday, 8/6 - LaGrange	9a - 1p	☐	Saturday, 8/6 - Ashland	3p - 7p
(may include bike loading)	☐	Saturday, 8/6 - Ashland	11a - 3p			
Rider Activities	☐	Saturday, 8/6 - Ashland	10a - 2p	☐	Sunday, 8/7 - Brunswick	9:30a - 1:30p
(Party, Raffle, Info & MS Store)	☐	Saturday, 8/6 - Ashland	2p - 6p	☐	Sunday, 8/7 - Brunswick	1:30p - 5:30p
	☐	Saturday, 8/6 - Ashland	6p - 9p			
Greeter/Directions	☐	Saturday, 8/6 - Brunswick	5a - 8a			

Packet Pick Up	Monday, 7/25 - Independence	☐ 8:30a - 12p	☐ 12p - 3p	☐ 3p - 7p
	Tuesday, 7/26 - Independence	☐ 8:30a - 12p	☐ 12p - 3p	☐ 3p - 7p
	Wednesday, 7/27 - Independence	☐ 8:30a - 12p	☐ 12p - 3p	☐ 3p - 7p
	Thursday, 7/28 - Independence	☐ 8:30a - 12p	☐ 12p - 3p	☐ 3p - 7p
	Friday, 7/29 - Independence	☐ 8:30a - 12p	☐ 12p - 3p	☐ 3p - 7p
	Friday, 8/5 - Brunswick	☐ 12p - 4p	☐ 4p - 7p	

FORM IS NULL & VOID WITHOUT SIGNATURE ON RELEASE & CONSENT.

Bike MS Volunteer 2016 RELEASE & CONSENT

For consideration of participation in the Bike MS, I waive and release the National Multiple Sclerosis Society ("NMSS"), it's chapters, directors, officers, administrators, representatives, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, all sponsors, their representatives and successors and other persons (collectively, the "Releases"), from any and all claims, liabilities, or causes of action arising out of an injury to me (or my child) and from any and all claims, liabilities, or causes of action arising from my (or my child's) participation or attendance in this event.

INHERENT AND POTENTIAL RISKS

I understand that Bike MS involves physical activity associated with Biking long distances. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in Bike MS relating to the risk of strenuous physical activity, collisions with other participants, or falling. I acknowledge that I (or my child) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks from contact with other participants and volunteers, negligent or wanton acts of other participants and volunteers, any defects of conditions of road surfaces (including uneven or wet road surfaces or gravel on the road surface), failure of other participants, vehicles, and non-participants to observe traffic signals or laws, and the effects of weather including high heat, thunderstorms, lightning precipitation, cold temperatures, high winds, and/or humidity. I also assume all risks from any and all activities in which I participate at the event site prior to the start of the event and after the conclusion of the event.

I agree to dress myself (or my child) appropriately as to mitigate risk of physical injury to myself (or my child) including, but not limited to: wearing shoes appropriate for physical activity involved in Bike MS; and dressing in conjunction with the weather.

I agree that the Releases are not responsible for any personal items or property lost or stolen before, during, or after Bike MS.

MEDICAL EVALUATION

I attest that I (or my child) am medically and physically able to participate in Bike MS. If I experience any doubt as to my (or my child's) ability to successfully and safely participate in and/or complete Bike MS, I take full responsibility for consulting a physician. I attest that, if I (or my child) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my child) should have or did consult a physician prior to participating in Bike MS.

I consent to emergency medical care and transportation in the event of injury to me (or my child) as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligence emergency rescue operations.

VOLUNTARY PARTICIPATION

I am fully aware of the risks connected with participation in Bike MS, whether specifically listed in this Release or not, and I voluntarily elect to participate in Bike MS knowing that this participation involves these risks.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE, AND COVENANT NOT TO SUE

In consideration for being permitted to participate in Bike MS, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me (or my child), or any loss or damage to property owned by me (or my child), as a result of participating in Bike MS.
2. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE the Releases from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my child), or to any property belonging to me (or my child), while participating in Bike MS including, but not limited to, any claim the act or omission complained of was in whole or in part by the negligence or carelessness of the Releases.

ACKNOWLEDGMENT AND COMPLIANCE WITH RULES

I agree to observe and obey all rules and safety procedures that accompany Bike MS and to abide by any decision of an event official relative to my (or my child's) ability to safely compete in the event. I agree to exhibit appropriate behavior at all times and to obey all laws. NMSS and event officials may dismiss me (or my child), without refund, should my (or my child's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

SEVERABILITY

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

PHOTOGRAPHY RELEASE

I hereby grant full permission to NMSS to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this event, 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 NMSS. Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of Bike MS I may take or capture to NMSS.

I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

☐ **I agree with the terms and conditions above.**

PLEASE SIGN: Signature _____ Date _____

Printed Name _____

ALSO COMPLETE THE BELOW SECTION IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I attest that I am in fact the parent or legal guardian of the minor participant participating in Bike MS. I hereby give my approval to this child's participation in Bike MS. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my child and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my child's participation in Bike MS. I consent to the foregoing and grant permission for my child to participate in Bike MS. I attest that if my child, the above-named participant, is under fourteen (14) years of age as of the date of Bike MS, he or she will be accompanied by an adult eighteen (18) years of age or older throughout his or her participation in Bike MS.

PLEASE SIGN: Signature _____ Date _____