

VOLUNTEER ACKNOWLEDGMENT AND RELEASE

Thank you for your interest in serving as a volunteer for the National Multiple Sclerosis Society (the “Society”), a nonprofit corporation focused on 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 volunteer Acknowledgment (the “Acknowledgment”) sets forth the roles, responsibilities, and expectations for your volunteer service. Please reach out to your designated Society staff point of contact if you have any questions about any of the terms included herein.

Nature of Volunteer Relationship

I understand that my relationship with the Society is limited to a completely voluntary position and this Acknowledgment does not create an employer-employee relationship between myself and the Society. I understand that I am voluntarily providing services to the Society and will not be compensated for my volunteer services.

Confidentiality

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 the Society’s express prior written authorization. This includes, but is not limited to, any and all medical and personal health information I may obtain about event participants while volunteering.

Code of Conduct

I understand that as a volunteer of the Society, I must always conduct myself in a manner that does not jeopardize the Society’s name, image, or reputation. Society volunteers must operate in the best interest of the Society, maintain the highest standards of conduct and ethical behavior, and work collaboratively and respectfully with Society staff, participants, and volunteers at all times. I agree **NOT** to: (1) authorize the use of the name, emblem, endorsement, services, or property of the Society without prior written 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.

Harassment and Discrimination

The Society is committed to creating and maintaining an environment free from harassment and discrimination of any kind and, in all things, embedding diversity, equity and inclusion. In alignment with this, I agree to conduct myself in a manner consistent with Society policies regarding harassment, discrimination, and inclusion. For more information, please refer to the Society’s [Diversity, Equity & Inclusion Statement](#) and [Inclusion Policy](#).

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 Society events, 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, for good and valuable consideration, to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in any Society 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 charitable or commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of the Society. Further, I hereby agree to assign, transfer and convey to the Society a perpetual, irrevocable, transferable, and royalty free license to use and make derivative use of any and all photographs, motion pictures, recordings, or other records of Society events I may take or capture to the Society for its charitable purposes.

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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Intellectual Property

I understand that in the course of my volunteer service for the Society, I may produce certain work product, including but not limited to, creations, writings, designs, discoveries or other inventions arising out of my service for the Society ("Work Product"). I hereby assign, transfer and convey to the Society a perpetual, irrevocable, transferable, and royalty-free license to use and make derivative use of any such Work Product for the Society's charitable purposes.

Volunteer Duties

I understand I will only accept positions I am physically and mentally capable of performing. I agree 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 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 I have received, read, and fully understand and agree to follow.

I acknowledge that I have reviewed the [Society's Whistleblower Policy](#). In the event I witness any activity that will impede safety, I will immediately notify my supervisor to help reduce the likelihood of harm. If I witness any actual or potential illegal, unlawful, unethical conduct or a violation of a Society policy, I will promptly report such incidents to Society staff immediately for review or report the issue anonymously through the Compliance Line at [MyComplianceReport.com](#) using company ID: NMSS.

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.

Volunteers Under 18

I understand that a parent or legal guardian must sign this Acknowledgment 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 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. I accept the risk of life-threatening illness, temporary or permanent disability, or even death. I understand the Society cannot guarantee I will not become infected with a contagious or infectious disease and volunteering at an 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.

Termination

I understand that either I or the Society may terminate this volunteer relationship at any time, with or without cause.

Severability

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



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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:	

Agreement to Terms

I understand and agree to participate in a National MS Society event(s)/program(s) as a volunteer and have read and understand my responsibilities. I understand failing to follow the requirements outlined in this Acknowledgment 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 Acknowledgment.

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