



# Bike MS: Express Scripts Gateway Getaway Ride 2010 September 9-13 Volunteer Registration Form

Please fill out form completely. Separate form needed for each volunteer.

Name: \_\_\_\_\_ Number of years volunteering for Bike MS: \_\_\_\_\_

Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone\*: \_\_\_\_\_

\* To be used weekend of event only in case of emergency

Preferred Email\*\*: \_\_\_\_\_

\*\* Confirmation materials and other Bike MS-related communications will be sent via email

Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F

If you wish to volunteer with other individuals or as part of a team, please list names and or team name: \_\_\_\_\_

Will you be staying in Columbia for the entire weekend?  Yes  No

If yes, what are your accommodations?

With family/friends  Camping  Hotel (name of hotel \_\_\_\_\_)

Please describe any physical limitations that may affect your ability to perform specific duties such as lifting, etc.: \_\_\_\_\_

## Volunteer Emergency Contact Information

Name: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

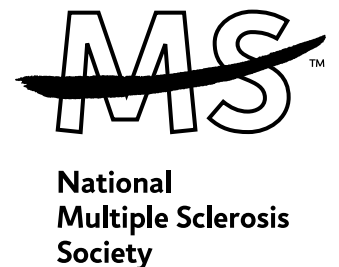
Relationship: \_\_\_\_\_

My emergency contact is:

Participating in Bike MS  Volunteering at Bike MS  Not participating in Bike MS

If you have questions about volunteering for Bike MS, please call (314) 781-9020.

Please return this form to:  
National MS Society  
Bobbie Appelbaum  
1867 Lackland Hill Parkway  
St. Louis, MO 63146  
Fax: (314) 781-1440  
bobbie.appelbaum@gatewaymssociety.org



# Volunteer Duties and Availability

Please indicate your desired volunteer opportunities by checking the boxes below. **Each activity has various shifts throughout Thursday, Friday, Saturday, Sunday and Monday.** For more information about volunteer shifts and volunteering for Bike MS go to [www.gatewaymssociety.org](http://www.gatewaymssociety.org), click on "Volunteer," "Volunteer at Fundraising Events" and then "Bike MS Volunteer Opportunities" or call (314) 781-9020.

## I am willing to work: (check all that apply):

- Thursday       Friday       Saturday       Sunday       Monday

## I am able to volunteer:

- Morning shift:      5 to 11 a.m.       Whole day:      5 a.m. - 7 p.m.  
 Mid-day shift:      10 a.m. to 4 p.m.       Other hours (specify) \_\_\_\_\_  
 Afternoon shift:      3 to 9 p.m.       In the National MS Society office before the event  
 Evening shift:      7-10 p.m. (Friday & Saturday)      Call 314-781-9020

## Jobs in which I'd be interested: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Beverage Serving (soda and water)  | <input type="checkbox"/> Parking  |
| <input type="checkbox"/> Bike Storage   | <input type="checkbox"/> Photographer   |
| <input type="checkbox"/> Breakfast  | <input type="checkbox"/> Railroad Crossing Marshall   |
| <input type="checkbox"/> Champions Tent   | <input type="checkbox"/> Registration   |
| <input type="checkbox"/> Communications/HAM Radio<br>Call sign: _____<br>Need 25 W 2m Mobile Transceiver<br>If HAM, please also register at<br><a href="http://www.slsrc.org">www.slsrc.org</a> | <input type="checkbox"/> SAG (Support and Gear) Vehicle Drivers<br>Attendance at training is required.<br>Must be available Friday afternoon<br>through Sunday. |
| <input type="checkbox"/> Dinner   | <input type="checkbox"/> Set-up   |
| <input type="checkbox"/> Finish Line Activities   | <input type="checkbox"/> Site Closing   |
| <input type="checkbox"/> Lunch  | <input type="checkbox"/> Staff Rest Stops   |
| <input type="checkbox"/> Lunch (on the route)   | <input type="checkbox"/> Team MS Host/Hostess   |
| <input type="checkbox"/> Massage Therapist  | <input type="checkbox"/> Truck Driving & Truck Driving Buddies<br>(CDL or Chauffeurs needed)  |
| <input type="checkbox"/> Medical Volunteer  | <input type="checkbox"/> Truck Driving Buddies<br>(loading/unloading on route)  |
| <input type="checkbox"/> Mission Tent   | <input type="checkbox"/> Truck Loading/Unloading  |
| <input type="checkbox"/> Motorcycle Support<br>(help support cyclist by helping control<br>flow of the ride)  | <input type="checkbox"/> Volunteer Check-in Assistant   |
|   | <input type="checkbox"/> Welcome Back Tent<br>(serving refreshments)  |

# Waiver and Release from Liability

## FOR ADULTS (ages 18 and older)

With respect to Bike MS to be held on September 9-13, 2010 with the National Multiple Sclerosis Society ("NMSS"), Gateway Area Chapter, for consideration of participation, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from participating in this event. I further agree to waive and release from all claims and liabilities of any kind arising out of my participation and agree to hold harmless the National MS Society, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my image and photo taken during the event in any promotional material, publication, or on the website. I do agree and accept full responsibility to obey the traffic and rules of safety for the event and understand that the National Multiple Sclerosis Society withholds the right to dismiss anyone that may cause disturbance during this event or disregard the rules with respect to safety.

I certify that I have read and understand the intent of this waiver and release.

Volunteer Name: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR MINORS (ages 17 and under)

With respect to Bike MS to be held on September 9-13, 2010 with the National Multiple Sclerosis Society ("NMSS"), Gateway Area Chapter, I hereby grant my child \_\_\_\_\_, permission to participate in this event. For consideration of participation in the Bike Walk MS event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my child's participation in this event. I further agree to waive and release from all claims and liabilities of any kind arising out of my child's participation and agree to hold harmless the National MS Society, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my child's participation. I will permit emergency treatment in the event of injury or illness while participating and give permission to use my child's first name only and photo taken during the event in any promotional material, publication, or on the website. I understand that the National Multiple Sclerosis Society withholds the right to dismiss anyone, including my child that may cause disturbance. I also agree to ensure that my child will obey all traffic laws and safety rules.

I certify that I have read and understand the intent of this waiver and release.

Volunteer Name: \_\_\_\_\_ Age of Volunteer: \_\_\_\_\_

**Signature is required by parent or legal guardian for all volunteers ages 17 and under.**

Guardian Name: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**National  
Multiple Sclerosis  
Society**