

# WAIVER OF RESPONSIBILITY



National  
Multiple Sclerosis  
Society  
Greater Illinois  
Chapter

**TEAM CAPTAIN:** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

In signing this release, I (we) hereby agree and will absolve and hold harmless the National Multiple Sclerosis Society, Greater Illinois Chapter, corporate sponsors, cooperating organizations, and any other parties connected with the MS Slugfest softball tournament in any way, singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in the MS Slugfest softball tournament, or any activities associated herewith. I (we) hereby consent to and permit emergency treatment in the event of an injury or illness. I (we) also give full permission for use of my (our) name and photograph in connection with this event.

| Print Name | Signature | Emergency Contact (name and phone #) |
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