

**NATIONAL MULTIPLE SCLEROSIS SOCIETY  
COWBOY CAPITAL MS TRAIL RIDE  
WAIVER AND RELEASE**

In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless the NATIONAL MULTIPLE SCLEROSIS SOCIETY, the Lone Star Chapter, Cowboy Capital MS Trail Ride volunteers, corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns (the "Sponsors") singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damages of any kind whatsoever, which may result from or be connected in any way to my participation in the Cowboy Capital MS Trail Ride or MS Trail Run.

In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this event, that any equipment I may use is in good working condition, that I will observe all applicable traffic and event rules and that I will generally conduct myself in a safe and prudent manner while participating in the event and I hereby absolve and hold harmless the "Sponsors" from any damage I may sustain because of any breach of these representations.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the Cowboy Capital MS Trail Ride or MS 5K Trail Run/Walk. I also hereby give permission to the National Multiple Sclerosis Society, the Lone Star Chapter and the Cowboy Capital MS Trail Ride or MS 5K Trail Run/Walk to use my name and any photograph taken of me during the event in any promotional materials or publications.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Work # \_\_\_\_\_

Home # \_\_\_\_\_

E-mail address \_\_\_\_\_

(if you would like updates and notices)

I certify that I have read this waiver and release and understand its significance.

Signature \_\_\_\_\_

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

Signature of parent or guardian if participant is under 18 years of age.

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