

RELEASE FORM

By signing this release form, I authorise MSIF to use some or all of the following personal information to support World MS Day 2014 Campaign.

- 1) My Picture
- 2) My name (first name only to be displayed)
- 3) My Video
- 4) One Day Wish and access statements

I hereby grant MSIF the rights to use, and publish my name, picture and video and statements to be used to support the WMSD 2014 Campaign and supporting promotional literature.

Name:

Signature:

Date: