

## FRIENDS OF THE POOR® WALK/RUN SOCIETY OF ST. VINCENT DE PAUL

#### 2023 Friends of the Poor® Walk/Run

To register online visit <a href="https://www.fopwalk.org">www.fopwalk.org</a> : select 'Illinois', search 'Hampshire'.

Otherwise, please fill out the following form and email it to <a href="mailto:svdphampshire@gmail.com">svdphampshire@gmail.com</a> or mail to: Society of St. Vincent de Paul, St. Charles Borromeo Conference, 297 E. Jefferson Ave., Hampshire IL 60140.

Take a Step to END Poverty  #FOPWalk	WALK INFORMATION Event Date: September 23, 2023 Registration Time: 9:30 AM Start Time:	WALKER REGISTRATION Name: Phone: Email: Address: City: State: Zip Code:
CONTACTINFORMATION	10:30 AM  Event Location:	T-shirt Size:  Adult:  Small  Medium  Large  X-Large  2XL  3XL  4XL
Coordinator Name:	Ralph Seyller Memorial Park	Youth: ☐ Youth Large ☐ Youth Small
Kay Nelson	Event Street Address:	BY SIGNING BELOW, I HAVE READ AND FULLY
Phone Number:	400 E. Jefferson Ave.	UNDERSTAND THE WAIVER AND RELEASE OF LIABILITY FORM IN THIS BROCHURE
585-329-0251	Event City:	Printed Name:
Email Address	Hampshire	
kaysvdp@gmail.com	Event State: Event Zip Code:  1L 60140	Signature (Guardian if under 18):
	Additional Event Information:	
We have over 24,000 walkers at 239 walk locations across the United States joined together to support the Society of St. Vincent de Paul, and annually raise over \$3.4 million to help those in need.	Celebration from 11:15 - 1PM	Date:  Please visit www.fopwalk.org for more information or to sign up online!
	100% OF THE FUNDS RAISED STAY IN THE LOCAL Community to HELP Those Living in Poverty.	National Sponsor SCENSION

A \$10 Walk Day suggested donation - \$20 for families with 2+ children under 12.





## FRIENDS OF THE POOR® WALK/RUN SOCIETY OF ST. VINCENT DE PAUL

# 2023 Friends of the Poor® Walk/Run Participant / Volunteer Accident Waiver and Release of Liability Form

I recognize and acknowledge that there are inherent risks in my presence and participation in the St. Vincent de Paul Friends of the Poor® Walk/Run on the date of the walk I am registered for. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my registration and participation in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) I hereby expressly agree that the Society of St. Vincent de Paul, its directors, officers, employees, volunteers, representatives and agents, event holders, event sponsors and event directors (all hereinafter referred to as St. Vincent de Paul) shall not be liable for any damages arising from personal and/or bodily injury, including death or property damage sustained by me or my guest while participating in the Friends of the Poor® Walk/Run. I assume full responsibility for any such injuries or damages that may occur to me or my guest. I also specifically agree that St. Vincent de Paul shall not be responsible for any such injuries, loss or damage even in the event of negligence or fault by St. Vincent de Paul. This waiver does not, however, apply to gross negligence or intentional torts by St. Vincent de Paul.
- (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals and entities as a result of any of my actions during this event.

I am aware the Society of St. Vincent de Paul does not provide health and accident coverage for me and it is my responsibility to pay any medical bills from injuries sustained while participating in the Friends of the Poor® Walk/Run.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors organizations and assigns.

#### I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF CLAIM FORM.

Printed Name	Signature	Date



Emergency Contact	Emergency Phone Number

If under 18 years old, parent or guardian must also sign below.

#### PARENT/GUARDIAN WAIVER FOR MINORS (IF UNDER 18 YEARS OLD)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents of legal guardian. I understand that the foregoing Accident and Release of Liability shall apply to my child. I hereby give permission for my child to participate in the Friends of the Poor® Walk/Run, with the understanding that every reasonable effort will be made to plan for safe participation in this event.

Printed Participant's Name	Age	Signature of Parent / Guardian	Emergency Phone #	Date
Printed Participant's Name	Age	Signature of Parent / Guardian	Emergency Phone #	Date
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## FRIENDS OF THE POOR® WALK/RUN SOCIETY OF ST. VINCENT DE PAUL

### Walker/Runner Pledge Sheet 2023

#### Walker's Full Name:

#### **SVdP St. Charles Borromeo Conference**

	Donor's Name	Donor's Address	Pledge \$ Amount	Paid
0	Example: Bob Smith	1212 Main Street, Anytown, MO 12345	25.00	✓
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
	Total			

