

WALK THE WALK

Walkers are encouraged to make a personal donation and collect pledges from supporters. All online pledges are assigned to the SVdP Council or Conference that the walker chooses.

Walker registration forms will also be available at each walk location. Asking for pledges is a great way to spread awareness of the Society of St. Vincent de Paul's mission and values!

REGISTER ONLINE

To register for the Friends of the Poor® Walk/Run online or to learn more about the event, please visit:

WWW.FOPWALK.ORG

ACCIDENT WAIVER AND RELEASE OF LIABILITY

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

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) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, the Society of St. Vincent de Paul, their directors, officers, employees, volunteers, representatives and agents, event holders, event sponsors, event directors and volunteers;
- (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.

Friends of Poor® Walk/Run







Take a Step to **END Poverty**

#FOPWalk

CONTACTINFORMATION

Coordinator Name:

Phone Number:

Email Address



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.

WALK **INFORMATION**

Event Date:

Registration Time:

Start Time:

Event Location:

Event Street Address:

Event City:

Event State:

Event Zip Code:

Additional Event Information:

100% OF THE FUNDS RAISED STAY IN THE LOCAL COMMUNITY TO HELP THOSE LIVING IN POVERTY.

WALKER REGISTRATION

Name:				
Phone:	:			
Email:				
Addres	ss:			
City:				
State:		Zip Code:		
T-shirt S	Size:			
Adult:	□ Small □ X-Large			
Youth:	□ Youth L	arge	□ You	th Smal
UNDE	NING BELOW RSTAND THE V LIABILITY FORM	VAIVER A	AND RELE	ASE OF
Printed	Name:			
Signatu	Jre (Guardian	if under 1	8):	
Date:				

Please visit www.fopwalk.org for more information or to sign up online!

National Sponsor

