



**Society of St. Vincent de Paul
Friends of the Poor® Walk 2017**



Walker Pledge Sheet

Walker's Name _____

EIU Newman Catholic Center—St. Charles Borromeo Parish

Make all checks payable to St. Vincent de Paul Society

Sponsor's Name	Address	Amount	Collected
Example: Bob Smith	1212 Main Street, Anytown, MO 12345		√
YOUR OWN PLEDGE			
Total			

Retain pledge sheet at Conference/Council for your records.

Pledge money must be accompanied by an accurate and completed pledge form. All pledges must be collected when pledge is made. Pledges may be turned in at anytime, but no later than Walker Check-In on Walk Day. Please be sure to ask for your receipt.

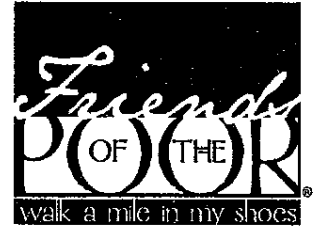
Pledge Receipt St. Vincent de Paul Society		Pledge Receipt St. Vincent de Paul Society	
Walker		Walker	
Amount		Amount	
Received by		Received by	
Walker Copy		Council Copy	

*** All Conference Walker stubs must be cut out and forwarded to your Council.**

Saturday Sept. 16, 2017 at the Newman Center (across Lawson and Andrews Halls)
 8:00 am - Mass 8:45 am - Registration, 9:00 am *Walk around campus.*



**Friends of the Poor Walk®
Participant / Volunteer
Accident Waiver and Release of Liability**
(To be signed by all event participants and volunteers)



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 on Sept. 16, 2017. 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.

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	_____ Phone Number	

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

PARENT/GUARDIAN WAIVER FOR MINORS (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, with the understanding that every reasonable effort will be made to plan for safe participation in this event.

_____ Print Participant's Name	_____ Participant's Age
_____ Signature of Parent or Guardian	_____ Date
_____ Emergency Contact	_____ Phone Number