



10TH ANNUAL FRIENDS OF THE POOR® WALK/RUN SOCIETY OF ST. VINCENT DE PAUL

Evansville District Council Registration Form

Saturday, September 30, 2017
Evansville State Hospital Grounds
3400 Lincoln Avenue
Registration - 8:00AM
Start Time - 9:00AM



Name: _____

Parish: _____

Address: _____

E-mail: _____

City: _____

Phone: _____

State: _____ Zip: _____

Cell: _____

TOTAL AMOUNT OF DONATIONS:

\$ _____

MAKE CHECKS PAYABLE TO: St. Vincent de Paul - Evansville District Council

- Pre-registration not required. You can bring this form and donation with you the day of the event.
- Online registration and donation/sponsorship payment is available on our website (see below).
- 100% of proceeds from this event stays local to support those in need in our community!

To mail your registration in advance, please complete this form, the release form and mail with donation to:

Society of St. Vincent de Paul
Friends of the Poor Walk
809 N. Lafayette Avenue
Evansville, Indiana 47711

www.SVDPEvansville.org





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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 September 30, 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) 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

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.

Print Participant's Name

Participant's Age

Phone Number

Signature of Parent or Guardian

Date