

BRING THIS SHEET WITH YOU TO THE WALK

Pre-registration not required



Evansville District Council Friends of the Poor Walk Registration Form

Name: _____ Parish: _____

Address: _____ City: _____ State: _____ Zip: _____

e-mail address: _____

Telephone: (_____) _____ Cell: (_____) _____

TOTAL AMOUNT OF ANY DONATIONS BROUGHT TODAY:

\$ _____

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

Accident Waiver and Release of Liability

I hereby take action for myself, my executors, administrators, heirs, and assigns to Waive, Release, and Discharge the Society of St. Vincent dePaul, their directors, officers, employees, volunteers, representative and agents, and all the event holders, sponsors and volunteers for 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 from traveling to or participating in this event. I am aware that the Society does not provide health or accident coverage for me and it is my responsibility to pay any medical bills from injuries sustained while participating. I consent to receive medical treatment necessary during the event, and agree that my photograph may be used for any legitimate purpose by the event organizers, sponsors, and the Society.

Name

Date

If participant is under 18, Parent or Guardian signature:
