



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

## One Mile or 5K Walk/Run

Saturday, September 30, 2017

Evansville State Hospital Grounds

3400 Lincoln Avenue

Registration - 9:00AM



Join us for this annual event to raise funds to support those in need in our community!

### How your donation/sponsorship makes a difference:

- Our Food Pantry supplies food to approximately 1,100 families each month.
- Our Thrift Store annually provides free clothing to nearly 3,000 adults and over 2,000 children.
- Over 700 box springs & mattresses were provided last year.
- Volunteers from 20 parish based conferences make hundreds of home visits every year bringing spiritual support, financial help and human caring to those who face utility shut-offs, evictions, malfunctioning appliances and an inability to obtain prescription medicine.

### How to Register or Become a Sponsor:

- Pre-registration not required and there is no set/required donation.  
*You can register the day of the event (please bring all forms completed with you).*
- Online registration and donation/sponsorship payment is available on our website:  
<http://www.SVDPEvansville.org> - go to the WALK FOR THE POOR tab.
- Organize your friends or a school group to participate.
- Talk to your employers and businesses you frequent to encourage them to become a sponsor.
- For more information, Please call Vicki Eichmiller at 812.470.5364.

### SPONSORSHIP OPPORTUNITIES

Title Sponsor	\$2,500
Shopping Bag Sponsors	\$1,000
Water Stop Sponsor	\$500
Poncho Sponsor	\$250
Snack Sponsor	\$100

### To Register/Become a Sponsor Now

Complete the Registration/Sponsorship Form and Release Form and mail with your donation to:

Society of St. Vincent de Paul  
Friends of the Poor Walk  
767 E. Walnut Street  
Evansville, Indiana 47713

100% of proceeds from this event local  
to support those in need in our community!

[www.SVDPEvansville.org](http://www.SVDPEvansville.org)





# 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  
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  
767 E. Walnut Street  
Evansville, Indiana 47713

[www.SVDPEvansville.org](http://www.SVDPEvansville.org)





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

## 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

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





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

## 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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

