



**FRIENDS OF THE POOR® WALK  
SOCIETY OF ST. VINCENT DE PAUL  
SUNDAY, SEPTEMBER 24, 2017**

St. Thomas More, Braintree Conference  
Sacred Heart, Braintree/Weymouth Conference  
c/o Collaborative Parish Offices of Sacred Heart & St. Thomas More  
55 Commercial Street, Weymouth, MA 02188; Tel: 339-987-9624



Walkers are encouraged to make a personal donation and collect pledges from supporters using the attached pledge form. Asking for pledges is a great way to spread awareness of the Society of St. Vincent de Paul's mission and values! Please bring this REGISTRATION FORM, the WALKER PLEDGE SHEET and MONETARY PLEDGE DONATIONS the day of the WALK.

**Walker Registration Form**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*BY SIGNING BELOW, I HAVE READ AND FULLY UNDERSTAND THE WAIVER AND RELEASE OF CLAIM FORM AT THE BOTTOM OF THE PAGE.*

**Printed Name:**

\_\_\_\_\_

**Signature (Guardian if under 18):**

\_\_\_\_\_

Date: \_\_\_\_\_

**WALK INFORMATION**

**What:** 2 mile Fund-Raising and Awareness-Growing Walk to take place during the Fall Picnic of the Collaborative Parishes of Sacred Heart and Saint Thomas More, Braintree/Weymouth

**When:** Sunday, September 24, 2017

**Where:** Weston Park (behind Tufts Library)  
46 Broad St, Weymouth, MA 02188

**Registration Time:** starting at noon through 2pm.  
Please bring this form completed and signed along with Walker Pledge Sheet and Donations.

**Start Time:** organized starts at 12:15pm and 1:15pm and "rolling starts" throughout day through 2pm

**For directions and additional local walk information and details please visit**  
[www.shstm.org/friendsofpoorwalk](http://www.shstm.org/friendsofpoorwalk)

**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 September 24, 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/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.