

Society of St. Vincent de Paul Friends of the Poor Walk



Goat Island, Niagara Falls State Park

Saturday September 25, 2021

Registration 8:30am, Walk 10:00am

Free post walk picnic for all walkers

There is no registration fee for walkers. All walkers will solicit pledges in support of their walk. Pledges can be submitted with the paper registration and at the registration table the day of the FOP Walk.

The FOP Walk will be held rain or shine and will be one loop around Goat Island, approximately 1.2 miles, or any longer or shorter distance if the walker chooses. A post-walk picnic will be hosted by the Divine Mercy, St. Benedict, and Queen of Martyrs Conferences.

All funds raised through the FOP Walk will go directly to assist those in need in our communities, providing food, household goods and other services.

REGISTER BY MAIL, complete and send form to:

Society of St. Vincent de Paul
Friends of the Poor Walk 1298 Main Street
Buffalo, NY 14209

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Pledge Amount \$ _____ Benefactor: (Check one) Buffalo Council _____ or Conference _____

Daytime Phone _____ Evening Phone _____

Email Address _____

T-Shirt Size: Small _____, Medium _____, Large _____, X-Large _____ (SIZE NOT GURANTEED)

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 25, 2021. 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.

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/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: _____