



**2011 Friends of the Poor® Walk**  
**Sunday, September 25, 2011**  
**9:30 a.m. (sign-in at 9:00 a.m.)**  
**in front of Braintree, MA Town Hall**



**Volunteer Sign-Up Form**

**St. Thomas More St. Vincent de Paul Conference,  
 St. Jerome St. Vincent de Paul Conference**

Thank you for your interest in volunteering!

**We have need for volunteers to help with check-in, route guidance, etc. on Walk Day (September 25, 2011). If you are willing to help us please fill out the form below and return it to:**

St. Thomas More St. Vincent de Paul Conference	<b>OR</b>	St. Jerome St. Vincent de Paul Conference
ATTN: Paul Boback		ATTN: Friends of Poor Walk
St. Thomas More Church		St. Jerome Church
8 Hawthorne Road		632 Bridge Street
Braintree, MA 02184		Weymouth, MA 02191
Email: <a href="mailto:pjboback@aol.com">pjboback@aol.com</a>		

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Age (if under the age of 18) \_\_\_\_\_

Email Address \_\_\_\_\_

**NOTE: Email is the easiest way to provide the latest announcements. Providing an email address will ensure you receive the latest updates and announcements.**



**2011 Friends of the Poor Walk®  
Participant / Volunteer  
Accident Waiver and Release of Liability  
(To be signed by all event participants and volunteers)**



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 on **September 25, 2011**. 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.

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.**

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Emergency Contact</b>	<b>Phone Number</b>	

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, with the understanding that every reasonable effort will be made to plan for safe participation in this event.

<b>Print Participant's Name</b>	<b>Participant's Age</b>
<b>Signature of Parent or Guardian</b>	<b>Date</b>
<b>Emergency Contact</b>	<b>Phone Number</b>