



Friends of the Poor® Walk/Run

& Kiddie-K

Ages 10 & Under

50/50 Raffle

Join us for the annual
5k Cross-country Track Walk/Run for the Poor

St. Katherine Drexel Conference
FUNDRAISER to support those in need in Calvert County!

Saturday, October 4, 2025, from 9:00-10:00am
Jesus the Good Shepherd Athletic Field

1601 W Mount Harmony Rd, Owings, MD US 20736

Check-in or On-site Registration begins at 8:30am

Entry fee & guarantee T-Shirt when registered by September 16th

Ages 9 & under Free

Ages 10-14 \$5

Ages 15-17 \$10

Ages 18 & older \$30

Entry fee when registering September 17th & after

Ages 9 & under Free

Ages 10-14 \$5

Ages 15-17 \$10

Ages 18 & older \$35

High school teams have a group rate special contact us at svdp@jesusdivineword.org for details.

Registration fee is waived if you raise sponsorships \$150 or over.

The person who fundraises the most amount will receive a prize!

100% of proceeds directly support Calvert County Residents in need.

Runners will be timed and will be awarded prizes!

To register, sponsor, donate or for more info please visit our website

svpcalvert.org

Or complete the below form and mail it with your check to the below address

Visit our Facebook page, like and share to spread the word to help us fundraise

<https://www.facebook.com/SVDP.St.KatherineDrexelConference/>

Please Print Clearly (Enter each participating per line) *Make checks payable to St. Katherine Drexel Conference*

Full Name (print) *required	E-mail Address *required	Phone Number *required	T-shirt Size (YS, YM, YL, S, M, L, XL, XXL)

Call 443-684-9261 or email svdp@jesusdivineword.org with questions or more info. Or visit svpcalvert.org

Mail form and check to St. Katherine Drexel Conference 885 Cox Road, Huntingtown MD 20639

The St. Katherine Drexel Conference is a 501c3 organization. It provides assistance to the needy in Calvert County, regardless of race, origin, religion, or gender. Over the past year, St. Vincent de Paul nationally provided over \$1.2 billion in tangible and in-kind services to those in need.

**SVdP - St. Katherine Drexel Conference – Friends of the Poor Walk/Run
Walker/Runner/Participant Pledge Sheet
October 4th, 2025**

8:30am check-in – run/walk 9:00-10:00am

Make checks payable to St. Katherine Drexel Conference

Rummel/Walker Full Name, email & phone #:

<u>Donor's Name</u>	<u>Donor's Address</u>	<u>\$ Amount</u>	<u>Paid</u>
Example: Bob Smith	1212 Main Street, Anytown, MO 12345	25.00	✓
YOUR OWN PLEDGE			
Total			

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FRIENDS OF THE POOR® WALK/RUN

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 the date of the walk I am registered for. 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 next page.

PARENT/GUARDIAN WAIVER FOR MINORS (If under 18 years of age)

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 or 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.

Participant's Name _____

Participant's Age _____

Print Parent or Guardian Name _____

Signature of Parent or Guardian _____

Date _____

Emergency Contact _____

Emergency Phone Number _____