



Statement of Peace

I, _____, testify to the following:

Print Name

- I will only pursue peaceful, law-abiding solutions to the violence of abortion when volunteering with the 40 Days for Life campaign
- I will show compassion and reflect Christ's love to all (abortion facility or Planned Parenthood) employees, volunteers, and customers
- I understand that breaking the law or acting in a violent or harmful manner immediately and completely disassociates me from Vigil for Life and the 40 Days for Life campaign
- I am in no way associated with Planned Parenthood, its affiliates or any abortion provider

While standing in the public right-of-way in front of (abortion facility or Planned Parenthood location):

- I will not obstruct the driveways or sidewalk while standing in the public right of way
- I will not stake signs or other items in the ground of the public right-of-way
- I will not litter on the public right-of-way
- I will not talk to media and will direct any media to Vigil for Life leadership
- I will closely attend to any children I bring to the prayer vigil
- I will not threaten, physically contact, or verbally abuse (abortion facility or Planned Parenthood) employees, volunteers or customers
- I will not damage private property
- I will cooperate with local authorities
- If I am a minor, I will participate in 40 Days for Life only in the presence of or with the written permission of a parent or guardian.

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Parish: _____



* Your information will be used to set up an account on the Vigil for Life website.

If the participant is a minor who will not be accompanied by a parent or guardian, a parent or guardian must complete the following section:

PARENTAL CONSENT

I, the minor's parent and/or legal guardian, have read and understand and agree with this Statement of Peace and agree to all terms or behalf of myself and my child/charge; I agree to be responsible on his/her behalf to the fullest extent of the law.

I, _____, give my permission for _____, to

Print Name

Print Minor's Name

participate in 40 Days for Life by praying in the public right-of-way in front of (abortion facility or Planned Parenthood location).

Signature: _____ Date: _____

Address (If different from above): _____

E-mail: _____ Phone: _____

