



## Statement of Peace – Fairview Heights, IL

I, \_\_\_\_\_, testify to the following: (✓ **check all that apply**)  
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 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 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 at Planned Parenthood, Fairview Heights, IL:

- I will not obstruct the driveways, any sidewalk, or any access to the facility
- I will not threaten, physically contact, or verbally abuse Planned Parenthood employees, volunteers or customers
- I will not damage private property
- I will not litter on the public right-of-way or any private property
- I will cooperate with local authorities
- I will closely attend to any children I bring to the prayer vigil
- 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: \_\_\_\_\_  Home  Work  Cell

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 Planned Parenthood, Fairview Heights, IL.

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

Address (If different from above): \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Work  Cell