



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 Metropolitan Family Planning Institute (MFPI) abortion facility 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 in front of the Metropolitan Family Planning Institute (MFPI) abortion facility at 5915 Greenbelt Road, in College Park, MD, 20740:

- I will not obstruct the driveways or sidewalk while standing in the public right of way
- I will not litter on the public right-of-way
- I will closely attend to any children I bring to the prayer vigil
- I will not threaten, physically contact, or verbally abuse MFPI abortion facility 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: _____

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 the MFPI abortion facility.

Signature: _____ Date: _____

Address (If different from above): _____

E-mail: _____ Phone: _____

Home Work Cell