



## 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 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 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 (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: \_\_\_\_\_

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 (for minors)

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: \_\_\_\_\_

Home  Work  Cell