Statement of Peace

40 Days for Life is committed to ending the scourge of abortion through prayerful, peaceful, and lawful vigils.

I, _____, agree to abide by this Statement of Peace and **WILL:**
PRINT NAME

- Pursue only peaceful, prayerful, and lawful solutions to end the violence of abortion by supporting life from natural conception to natural death and by demonstrating truth, love, and compassion; and
- Show compassion and reflect Christ's love to all; and
- Strive to maintain safety and order by holding vigil in a safe, public, and lawful location; try to have at least two vigil participants on site at a time; use camera and lighting in a lawful manner; and never be alone after dark; and
- Leave and call law enforcement if I feel threatened, endangered, or unsafe; and
- Timely report to and cooperate with law enforcement about any incident in which I feel unsafe or threatened or if any unlawful act is made or threatened; and
- Be polite and cooperative with law enforcement and valid civil authority; and
- Leave or relocate if required by a valid authority, and contact 40 Days for Life HQ immediately; and
- Refrain from willfully causing harm, engaging in violence, and/or committing any unlawful act, including:
    - Blocking or obstructing driveways, sidewalks, roadways, or any lawful passage;
    - Littering, defacing, destroying, stealing, damaging, or trespassing on another's property;
    - Threatening, cursing, and using verbally abusive language;
    - Committing any unwanted touching of another;
    - Discussing or displaying weapons; and
- Refrain from all civil disobedience ("Rescues") to end abortion at any 40DFL vigil location while a vigil is on-going; and/or while wearing 40DFL gear or holding 40DFL signs/paraphernalia; and
- Refrain from engaging in political activities as a representative of a 40DFL vigil, including advocacy (petitions, fundraising, signs, literature, etc.) related to a particular candidate for elective office or candidate's platform; and

I am not, and will not become, directly or indirectly, associated with any abortion provider, including Planned Parenthood.

40DFL Participants may not distribute/share medications and/or provide healthcare at Vigils, absent an imminent emergency (of which administering APR is not one). If you are confronted with a situation in which a person states that they have taken an abortion pill or wants APR, call 911 or refer them to a licensed medical professional.

Please sign and abide by this Statement if you wish to participate in any 40 Days for Life activity:

Name & Signature: _____Date:_____

Address: _____

Email: _____Phone:_____

If the participant is a minor who unaccompanied by a parent/guardian, a parent/guardian must complete the following:

PARENTAL CONSENT

I, the minor's parent and/or legal guardian, have read and understand this Statement of Peace and agree to all terms on 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 participate in a 40 Days for
PRINT NAME PRINT MINOR'S NAME
Life prayer vigil or other activity.

Name & Signature: _____Date:_____