

IMPORTANT INFORMATION

- Full payment is due with online and hardcopy registrations on December 31, 2020. You will not be fully registered until all forms and waivers are completed and received along with full payment.
- In the event that maximum capacity is reached, (55) we will create a "wait list" based on the date and time in which registrations are received.
- The bus will depart on Thursday, January 28, 2021, from the following locations:
 - **St. Boniface Catholic Church** (418 N Wabash Ave., Evansville IN 47712) **Bus will depart at 5:00 a.m. (Central Time)** Parking is available on the street at your own risk.
 - **St. John Catholic Church in Daylight** (5301 Daylight Drive, Evansville IN 47725) **Bus will depart at 6:00 a.m. (Central Time)** Parking is available in the church parking lot. Check with registration on where you should park your car.
- Registration and check-in will be at 5:30 a.m. at St. John Catholic Church in Daylight. (see address above)
- Registration will begin at 5:30 a.m. in the St. John Church gymnasium located on the northside of the building. Everyone will receive a lanyard and luggage tags. The Dubois County and Loogootee groups will be picked up at the Wendy's Restaurant in Ferdinand, IN at approximately **7:45 a.m.** (Eastern Time) and the Louisville group at **9:15 a.m.** Location in Louisville will be determined by the bus company. Please eat your breakfast prior to departure.

Due to cancellation policies with the hotel, bus company and other vendors, **we are unable to provide refunds in the event of cancellation by participants.** If weather or security concerns on behalf Right to Life of Southwest Indiana delay, postpone or cancel the trip, partial return of registration fees may be provided based on refunds available from bus, hotel, food and other vendors.



- **RETURN OF REGISTRATION FORMS AND PAYMENTS:**
 - Checks: Please make payable to Right to Life of Southwest Indiana or RTLWIN (include name of participants on check)
 - **Please read, sign and return the following forms to cfrancis@rtlswin.org.**
 - Important Information
 - Medical Information Form for Youth
 - Right to Life of Southwest Indiana Adult Waiver & Release Form
 - Right to Life of Southwest Indiana Youth Waiver & Release Form
 - Scholarship Criteria & Application
 - Mail to:
 - RIGHT TO LIFE OF SOUTHWEST INDIANA
DC March for Life Trip 2021
20 NW Third Street, Suite 810
Evansville IN 47708-1200
- Bus will return on Sunday evening, January 31 at the same locations listed above.

RIGHT TO LIFE OF SOUTHWEST INDIANA ADULT WAIVER AND RELEASE



Adult Participant's Name: _____

Event: March for Life DC Trip 2021

Date(s): January 28 – January 31, 2021

I wish to attend the above event as a participant, chaperon, leader, or in another capacity. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I do further hereby waive, release, absolve, indemnify, and hold harmless Right to Life of Southwest Indiana and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to myself or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that Right to Life of Southwest Indiana, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my personal health and safety while I am at functions/events, engaged in supervised activities, or being transported in association with the event. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself against the costs of sickness or injury.

I represent that I am at least eighteen (18) years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Printed Name: _____

Signature: X _____ Date: _____

MEDICAL INFORMATION FOR YOUTH

Youth's Name: _____
Address: _____
Parent/Guardian Name: _____
Parent/Guardian Phone: _____
Secondary Contact Name: _____
Secondary Contact Phone: _____
Family Physician Name and Phone: _____
Family Insurance Carrier Name and Phone: _____
Insurance Policy Number: _____

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy, etc.)

List any medications your child is taking on a regular basis:

Should it become necessary, please list any instructions for care of the above:

Place "X" in box if it is NOT acceptable for your child to be provided over-the-counter medications (e.g. commonly used pain, allergy, or nausea medications).

X _____

Parent/Guardian Signature

Date

RIGHT TO LIFE OF SOUTHWEST INDIANA



YOUTH WAIVER AND RELEASE

Youth Participant's Name: _____

Event: March for Life DC Trip 2021

Date(s): January 28 – January 31, 2021

I/We, the parent(s)/guardian(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless Right to Life of Southwest Indiana and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to myself or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that Right to Life of Southwest Indiana, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my personal health and safety while I am at functions/events, engaged in supervised activities, or being transported in association with the event. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES RIGHT TO LIFE OF SOUTHWEST INDIANA PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

I represent that I am at least eighteen (18) years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Printed Name: _____

Signature: X _____ Date: _____



**MARCH FOR LIFE 2021
(Washington D.C. Trip)**

SCHOLARSHIP CRITERIA

Right to Life of Southwest Indiana is sponsoring scholarships for students to attend the March for Life in Washington D.C. on January 28 – 31, 2021. The scholarships will be available on a first-come, first-serve basis and are not based on financial need. All students will pay a \$200 deposit and the balance of the trip will be paid for with the scholarship.

Who is Eligible to Apply for this Scholarship:

Students in High School and College

Students must reside in Southwest Indiana.

One Page Essay:

Scholarship applicants will be required to write a one-page essay on why they are pro-life and **submit it with their application.**

All scholarship applicants shall complete their application and one-page essay prior to receiving the scholarship. **Applications and a \$200 deposit are due by December 31.**

Please contact the Right to Life of Southwest Indiana office at (812) 474-3195 or email Cathie Francis-Martin at cfrancis@rtlswin.org with any questions. March for Life applications can be accessed on our website a www.rtlswin.org/events.



March for Life 2021
Scholarship Application

Participant Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone: _____ Email: _____

County you reside in: _____

School Attending: _____

Grade: _____

Sex: _____ M _____ F Birthday: _____

_____ Deposit of \$200 enclosed

_____ One-page essay enclosed on why "I am Pro-Life"

Application is due by December 31, 2020.