5th Annual
St. Vincent de Paul
SERVING THOSE IN NEED
2026
FOR OVER 95 YEARS
Northeast Ohio District
Steps of Hope
Walk/Run

Saturday
September 26, 2026
10am - 1pm
Step-off at 11am
Perkins Park

Walker/Runner Registration Form

Full Name: _____ **Team Name:** _____

Phone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip** _____

T-Shirt Size (check one per registration form):

Youth Medium____ Youth Large____ Youth X-Large____

Small____ Medium____ Large____ X-Large____ 2XL____ 3XL____

$25.00 Adults / $10.00 Students (6 - 17 years of age)

Registration fee includes T-Shirt, Lunch, SVdP Gift, 50/50 & Basket Raffles, Kids Activities & Music provided by The Music Man. Register by mail/online by September 11, 2026 to secure your T-Shirt size. Event check-in begins at 10am at Perkins Park, 391 Mahoning Avenue, Warren, OH.

If you attended Steps of Hope in 2025, please remember to bring your lanyard and event pin!

PLEASE COMPLETE A REGISTRATION FORM
& SIGN THE RELEASE ON THE BACK FOR EACH PARTICIPANT.
Please return form(s) and payment to SVdP, 2431 Niles Rd. SE, Warren, Ohio 44484.
Online Registration is available at SVdPNEO.org.

Help us spread the word about this great event! Follow us on Facebook/Instagram and share our event posts.
For additional information please contact Lindy Hilton at 234-223-2933, ext. 106 or by email at mhiltonsvdpneodistrict.org

Every step makes a difference!

2026 SVdP Steps of Hope Walk/Run
Accident Waiver and Release of Liability Form

I recognize and acknowledge that there are inherent risks in my presence and participation in the St. Vincent de Paul Steps of Hope Walk/Run on the date of the walk I am registered for. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my registration and participation in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) I hereby expressly agree that the Society of St. Vincent de Paul, its directors, officers, employees, volunteers, representatives and agents, event holders, event sponsors and event directors (all hereinafter referred to as St. Vincent de Paul) shall not be liable for any damages arising from personal and/or bodily injury, including death or property damage sustained by me or my guest while participating in the Steps of Hope Walk/Run. I assume full responsibility for any such injuries or damages that may occur to me or my guest. I also specifically agree that St. Vincent de Paul shall not be responsible for any such injuries, loss or damage even in the event of negligence or fault by St. Vincent de Paul. This waiver does not, however, apply to gross negligence or intentional torts by St. Vincent de Paul.

(B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals and entities as a result of any of my actions during this event.

I am aware the Society of St. Vincent de Paul does not provide health and accident coverage for me and it is my responsibility to pay any medical bills from injuries sustained while participating in the Steps of Hope Walk/Run.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors organizations and assigns.

I have read and fully understand this waiver and release of claim form

Printed Name	**Signature**	**Date**

Emergency Contact	**Emergency Phone Number**

If under 18 years old, parent or guardian must also sign below.

PARENT/GUARDIAN WAIVER FOR MINORS (If under 18 years of age)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian. I understand that the foregoing Accident and Release of Liability shall apply to my child. I hereby give permission for my child to participate in the Steps of Hope Walk/Run, with the understanding that every reasonable effort will be made to plan for safe participation in this event.

Participant's Name	**Participant's Age**
Signature of Parent or Guardian	**Date**
Emergency Contact	**Emergency Phone Number**

Society of St. Vincent de Paul Northeast Ohio District Council
2431 Niles Rd. SE Warren, Ohio 44484 234-223-2933 SVdPNEO.org