

***Starvin' for Justice '04***  
**11th Annual Fast & Vigil to Abolish the Death Penalty**  
**at the U.S. Supreme Court**  
**2004 Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**May we include your information on the list of participants to be distributed to fellow F&V participants? Yes or No (Circle one)**

- YES, I HAVE COMPLETED AND SIGNED THE MEDICAL HISTORY FORM**
- YES, I HAVE READ, SIGNED & AGREE WITH THE NONVIOLENCE PLEDGE**

I will join the group for the "last meal" on Monday, June 28 at 9:30 p.m.: Yes \_\_\_\_\_ No \_\_\_\_\_

I will be staying with the group at CCNV: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, I may be contacted at \_\_\_\_\_ during the F&V.

I attended the following previous Fast & Vigils: '94 '95 '96 '97 '98 '99 '00 '01 '02 '03

I plan to fast this year: Yes or No (Circle one)

<b>CONTRIBUTIONS ENCLOSED*:</b> (Make checks payable to: AAC c/o CUADP)	
*These minimum suggested contributions were established to cover our costs. Please give more if you can!	
Registration (\$15)	_____
CCNV (\$12/night \$60 for 5 nights)	_____
Additional donation*:	_____
<b>TOTAL:</b>	_____
<b>Paid By:</b>	<b>Check    Cash                      Credit Card</b>
VISA/MC/AMEX/DISCOVER: Card# _____ Exp: _____	
NAME ON CARD: _____ Signature: _____	

***Starvin' for Justice 2004***  
**11th Annual Fast & Vigil to Abolish the Death Penalty**  
**at the U.S. Supreme Court**  
**2004 Pledge of Non-violence**

**Our intent is public witness of our opposition to killing by the state. We know and understand that this Fast & Vigil is part of an ongoing, determined campaign to abolish the death penalty.**

**We will use our anger at injustice as a nonviolent force for change.**

**We will act with respect toward those who oppose our point of view.**

**We will respect the decisions of those organizing this nonviolent action.**

**Our attitude as conveyed through words, symbols and actions will be one of respect toward all, including police officers and other government officials, members of the community at large, and all vigil participants.**

**Accordingly, while participating in the Fast & Vigil:**

- I will carry no weapons.**
  - I will not vandalize.**
  - I will not use or carry alcohol or illegal drugs.**
  - I will not use abusive or insulting language.**
  - I will not run, or otherwise make threatening motions.**
  - I will not assault either verbally or physically those who oppose or disagree with us, even if they assault us.**
- I will protect those who oppose us from insult or attack.**

**I will honor the directions of the designated coordinators. In the event of serious disagreement, I will remove myself from the Fast & Vigil.**

**I will return to my community and renew my work to end the death penalty.**

**SIGNED \_\_\_\_\_ DATE \_\_\_\_\_**

***Starvin' for Justice 2004***  
**11th Annual Fast & Vigil to Abolish the Death Penalty**  
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**2004 Medical History Form**

Dear Participant,

It's going to be hot, and you never know what might happen. We seek the following information so that IF you have a medical emergency, we can give the paramedics a little more than, "he/she is a good abolitionist." This information will be held in the strictest of confidence and will only be released to emergency medical personnel in the event that you keel over and need to be carted off. It will be destroyed after the Fast & Vigil concludes. Thanks.

PLEASE WRITE CLEARLY. PLEASE WRITE CLEARLY. PLEASE WRITE CLEARLY.

Emergency Contact (Name): \_\_\_\_\_

Phone #: \_\_\_\_\_ 2nd Phone# \_\_\_\_\_

**Please complete and sign the following statement:**

I AM FASTING: YES \_\_\_\_\_ NO \_\_\_\_\_ AGE \_\_\_\_\_

I am on the following prescribed medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have the following allergies (list medications, foods, bites, etc):

\_\_\_\_\_  
\_\_\_\_\_

Please state any medical information a medical practitioner should know about you in an emergency situation (diabetes? epilepsy? Heart condition? Hypertension? Recent surgery?, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ plan to participate in the 11th Annual Fast & Vigil to Abolish the Death Penalty at the U.S. Supreme Court. If I am fasting I have read information provided to me about the dangers of fasting. I also understand that there are dangers related to the weather and the fact I am participating in public political advocacy. I believe my physical and mental health is generally good, such that my participation presents no threat to myself or others. I agree to stay aware of my health and to look out for the general health and well being of those around me. Should I need medical attention, I agree to seek it or leave the event. I am age 18 or older. (If younger than 18, legal guardian must sign also.)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Legal Guardian \_\_\_\_\_ DATE \_\_\_\_\_