

Hunger isn't just. But your hunger can be.

JUST HUNGER.

So you are thinking of doing the famine? Excellent!!! Students and leaders will tell you that this event is one of the best things we do here. It changes us, and it helps make a difference for people around the world. Wondering what your next steps are? Here is a handy checklist:

- Have your parent read the info provided and return the consent form to Ezra Engle **by Friday, March 8th**
- Block out Friday March 15 and Saturday March 16 to be able to fully participate in the Famine event
- Get your fundraising packet
- Join our online fundraising team at <https://www.30hourfamine.org/index.cfm?fuseaction=donorDrive.team&teamID=20995>
- Commit to raising at least \$30 from people not in your family
- The more money you raise the more lives you impact...so really work to do more than just the minimum

Fasting will begin Friday at 1PM (so eat lunch at school), and we will meet at church at 4:30. We will break our fast on Saturday at 7PM. Stay alert for more info!

What will we do during the fast?

Not eat, and also not use any personal electronics.

Stay hydrated with water and juice.

Learn about hunger and justice around the world.

Serve others.

Participate in a variety of games and activities as a group.

Have fun!

We really want this event to be powerful for you and for our group. ***We ask that when you commit you agree to participate to the best of your ability. If you find that you are unable to participate during the event we will be asking your parents to come and get you so that others are not distracted.*** For the event to be a success we all need to bring our best attitudes and really work to experience all that God has for us. This event is hosted by Antioch Church on The Rock and The Edge Ministries and Wired Youth Group.

If you have questions, talk to Ezra or have your parent call him at (925) 207-5080

Group Leader: Jenny Weinert

Name of Group: Antioch Church on the Rock (20995)



Consent Form

Dear Parent or Legal Guardian,

Your child would like to participate in World Vision's 30 Hour Famine.

Participation means that your child will:

- Raise funds by asking for donations to help children and families around the world who suffer as a result of poverty and hunger.
- Miss three main meals by fasting for 30 hours, under the supervision of the Group Leader.
- Drink only water and juice (*provided by the Group Leader*) during those 30 hours.
- Turn in their Famine funds to the Group Leader.

About Fasting

The average, healthy person is able to go without food for 30 hours without any ill effects. Exceptions include, but are not limited to, the following:

- Children under the age of 12
- Pregnant or nursing women
- People over the age of 65
- People with diabetes, reactive hypoglycemia, an eating disorder, or any combination of biological, psychological, and environmental conditions which could precipitate an eating disorder

Please note: Because the above medical conditions are not always obvious, if you have any concerns about your child's health while taking part in the 30 Hour Famine, you are strongly encouraged to consult with your child's physician prior to his or her participation. ***Your signature below implies that you have taken this precaution and are allowing your child's participation with fully informed consent.***

For more information on fasting, please visit www.30hourfamine.org/parents or call 1.800.7.FAMINE (1.800.732.6463). For more information about World Vision, please visit www.worldvision.org.

I have read this form and give my consent for my child,
_____, to participate in the 30 Hour Famine.

(please print name of child)

Signature of Parent or Legal Guardian

Date: _____

Please return this consent form to the Group Leader (not to World Vision).



ANTIOCH CHURCH ON THE ROCK

Edge Student Ministries

Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information for 30Hour Famine March 15-16, 2019

Child/Youth name: _____

(Last) (First) (M.I.)

Birthdate: _____

(Month, Day, Year)

Tee Shirt Size: _____

(S, M, L, XL, 2X, etc.)

Address: _____

(Street, City, State, Zip)

Home Phone: _____

Parent(s)/Custodial Adult(s)' Name(s): _____

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): _____

Cell phone(s): _____

*****In case of emergency contact:**

1) Name: _____ **Daytime phone:** _____

Relationship: _____ **Evening phone:** _____

2) Name: _____ **Daytime phone:** _____

Relationship : _____ **Evening phone:** _____

Name and phone number of primary treating physician:

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for Antioch Church on The Rock, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of the student ministries at Antioch Church on The Rock. In consideration of the opportunity of my/our child/youth on to participate in the activities of Antioch Church on the Rock, I/we release Antioch Church on The Rock, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Antioch Church on The Rock; and I/we agree to indemnify and hold forever harmless the Antioch Church on The Rock, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Antioch Church on The Rock or resulting from traveling to or from the activities of Antioch Church on The Rock, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

Parent/Custodial Adult Parent/Custodial Adult

Permission to Travel in Vehicle

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by a licensed volunteer driver.

(Yes) (No)

Parent/Custodial Adult or Parent

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Antioch Church on the Rock.

I/we **(do)** or **(do not)** give permission for a recognizable image of my child to be posted on the Antioch Church on The Rock website or bulletin boards or other publications. I understand that a non-recognizable image, such as a group picture, may be posted.

Parent/Custodial Adult Parent/Custodial Adult

Permission to give over the counter pain reliever

I/we give permission for my/our child to have over the counter pain reliever, Advil or Tylenol (circle preference), if the need arises.

(Yes) (No)

Parent/Custodial Adult or Parent