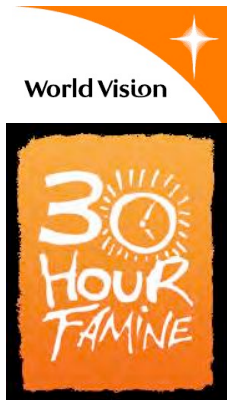


LAFTY and LOPC Present...

FOOD-FREE FEST

'CUZ FOOD AIN'T FREE, FOO'!

March 9-10, 2013



Join LAFTY and LOPC as we come together to learn and combat issues of world hunger! Spend an evening engaging in issues of world hunger, participating in social action, meeting new people, BROOMBALL, and experiencing how it feels to go without food. During this event, we'll be participating in a *30 hour famine* where we will be going without food until the conclusion of the event, when we will break fast together as one teen community!



The fast starts at 7:30am Saturday morning!

Who: Temple Isaiah 9th – 12th graders AND Lafayette-Orinda Presbyterian Church 9th – 12th Graders

When: *Begins:* Saturday, March 9th @ 5:00pm @ **Temple Isaiah** (945 Risa Road, Lafayette 94549)
Ends: Sunday, March 10th @ 2:00pm @ **Lafayette-Orinda Presbyterian Church** (49 Knox Drive, Lafayette 94549)

Cost: \$20 & 2 bottles of 64 oz. juice (includes amazing programming, awesome staff, admission to broomball, transportation, and lunch on Sunday)

How to Sign up: To register, return the following 3 items to Zach or Brie: fill out the information on BOTH sides of this sheet, \$20 (cash or a check payable to "LOPC"), and 2 bottles of 64 oz. juice

Student Information

Student Name: _____ Grade: _____

Student Cell: _____ Student E-mail: _____

Date of Birth: _____

Parent(s) Names: _____

Address: _____

Phone:(Home) _____ (Parent Cell) _____

Parent E-mail: _____

See Next Page...



LOPC Youth Permission Form – Food Free Fest 2013

Youth Agreement - To be filled out and signed by Student and Parent/Guardian

I, (student name) _____, agree to follow the following rules during the entirety of the event.

- I *will not* bring any drugs, alcohol, tobacco, or weapons to the activity
- I *will not* behave in a way that is harmful to my self
- I *will not* threaten others or behave in a way that is harmful to others
- I **will** respect my self, others, and the leaders of the activity
- I **will** follow the instructions of the leaders of the activity
- I **will** follow the rules and regulations of the activity

Youth Signature: _____ Date: _____

Parent Permission, Waiver, and Release - To be filled out and signed by Parent(s)

I give my child, (name of student) _____, permission to participate in **the Food Free Fest 2013 Overnight Event.**

I understand that my child will be sent home at my expense if they are found with any drugs, alcohol, tobacco, or weapons. I also understand that my child will be sent home at my expense if they are behaving in a way that is harmful to themselves, harmful to others, or involves destruction of property.

I agree that my child will abide by the rules and regulations governing the activities and will obey any instructions given by the person or persons having supervision and control over the activities.

I hereby warrant and represent that my child is physically fit and capable of taking part in the activities of this event. I make this warranty and representation on the basis of advice given to me by a duly licensed medical doctor within the last six months and know of no change in my child's medical condition since receiving such advice that would affect the opinion of said medical doctor.

I understand that the chaperones on this activity will exercise reasonable precautions in providing for the safety of my child. I give permission to any adult serving on this activity to seek and obtain medical attention for my child, if necessary, and agree to reimburse Lafayette-Orinda Presbyterian Church for any expenses incurred in obtaining that care.

I hereby release and discharge Lafayette-Orinda Presbyterian Church and its officers, agents, employees, and assignees from any and all claims for personal injuries or property damage that my child may suffer as a result of his or her participation in the activities and the transportation provided, whether or not such injuries or damages are caused by the negligence (active or passive), of my child or supervisory personnel.

In the unlikely event of an emergency, I give the leaders of Lafayette-Orinda Presbyterian Church permission to seek whatever medical attention they and the doctors deem necessary for my child. By signing this form, I also release Lafayette-Orinda Presbyterian Church and its staff, both paid and volunteer, from any liability that may result from an emergency.

I also give permission for Lafayette-Orinda Presbyterian Church to use photographs of my child, without mention of his/her name, for the purpose of Public Relations (ie newsletters, brochures, church/youth website, etc.).

Parent Signature: _____ Date: _____

Please return this Permission Form and any Payment (made to LOPC) to:
Zach Walker, Youth Director 925-283-8722 x241 zach@lopc.org
Brie Johnson Assoc. Youth Director 925-283-8722 x244 brie@lopc.org
49 Knox Drive, Lafayette, CA 94549