

# Additional Resources

## Legal stuff you and your family should know about.

We understand that there are risks associated with participating in the World Vision 30 Hour Famine®. Participants will not eat solid foods for the duration of the Famine (with the optional exception of one bowl of plain steamed white rice) and will only drink water and fruit juice.

Participants are asked to consume a minimum of six ounces of liquid for every hour they are awake. Minors under the age of twelve are advised not to participate or are asked to pursue an alternate activity. In addition, persons who are pregnant, diabetic, recovering from surgery or experiencing chronic illness or gastro-intestinal disease should not do the Famine. Please consult your physician if you have any medical concerns or questions.

The undersigned acknowledges and voluntarily assumes all risks associated in any way with participating in the 30 Hour Famine. The undersigned hereby waives for themselves, their heirs, executors, administrators and assigns, any recourse he or she may have against World Vision Canada and its directors, officers, volunteers, organizers, employees, sponsors, successors, assigns and agents, and releases and discharges such persons from all claims, demands, damages, actions or causes of action whatsoever, and absolves such persons from all responsibility for any injuries that may arise in any way in connection with the 30 Hour Famine.

We further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any or all liability incurred by any or all of them arising as a result of or in any way connected with my participation in the 30 Hour Famine. We also agree to the potential recording and use of the Participant's image and/or comments. World Vision Canada and its authorized partners and licensees may use, reproduce and communicate footage, recordings, images and/or comments of the Participant identified below acquired during the 30 Hour Famine, in whole or in part or in combination with or as a part of other matter.

By submitting this registration form, we acknowledge having read, understood, and agreed to the above waiver, release and indemnity. We warrant that the Participant is physically fit to participate in this event.

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

Signature of Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if Participant is under 18:

\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

