

**UNIVERSITY PARISH NEWMAN CENTER  
CAMPUS MINISTRY AT KENT STATE UNIVERSITY**

1424 Horning Road  
Kent, Ohio 44240-7657  
(330) 678-0240

THIS FORM MUST BE COMPLETED AND SUBMITTED BEFORE PARTICIPATING IN THE ACTIVITY LISTED BELOW.

**ACTIVITY:** 30 Hour Famine/Tetelestai/Overnight Lock-In/Service

**LOCATION:** Parish/St. Helen's Newbury/Haven of Rest Akron

**DATE:** 6:00 pm Friday, February 19—7:30 pm Saturday, February 20

**TRANSPORTATION:** Private Car - students under age 18 will be transported by adults in compliance with DOY Child Protection Policy

**COST:** N/A

Standard for adult supervision (persons over 25 years of age) at parish activities is one adult for every 10 student participants. I, \_\_\_\_\_, request that Immaculate Heart of Mary University Parish allow my child, \_\_\_\_\_, to participate in this activity. In consideration for receipt of this service, I hereby assume all risk of accident or harm arising or growing directly or indirectly out of any incident of any kind occurring during the course of this activity. I hereby release and discharge the Bishop of the Diocese of Youngstown, and the agents, associates, and employees of the sponsoring parishes, who have organized and or supervised said activity from all claims, demands, suits, causes of actions, rights, costs, expenses, and any compensation whatsoever which may occur to my family and its members during or resulting from participation in this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**In case of an accident please contact me at:** \_\_\_\_\_ or \_\_\_\_\_.

Please initial:

\_\_\_\_\_ **I give** permission for medical attention to be given in the event that I can not be notified.

\_\_\_\_\_ **I do not give** permission for medical attention to be given in the event that I can not be notified.

**Doctor of choice** (if possible): \_\_\_\_\_ phone number: \_\_\_\_\_

**Hospital of choice** (if possible): \_\_\_\_\_

**Insurance information:**

Insurance Certificate holder: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please note any allergies, medications being taken or medical concerns (use back of form if necessary):

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# 30 Hour Famine

## *On an Empty Stomach*

### Schedule

#### Friday, February 19

After lunch  
6:00 pm  
8:00 pm  
11:00 pm

Begin fasting  
Depart for Newbury  
Tetelestai at St. Helen's  
Arrive back at Newman Center

#### Saturday, February 20

8:15 am  
12:30 pm  
1:00-3:00 pm  
3:00-5:00 pm  
**4:00-5:00 pm**  
5:30 pm  
6:30 pm

Depart for service activity-Haven of Rest, Akron  
Arrive back at Newman Center  
Famine Activities  
Free Time  
**Grand Silence**  
Mass  
Dinner

Family members of Famine participants are welcome to join us for concluding dinner. Please let Carmen Roebke (croebke@kent.edu, 330.678.0240) know how many will be joining us by Thursday, February 18.

Fruit juices and water will be provided. If you have health issues that require modification of the fast, please contact Carmen.

What to bring: Sleeping bag, pillow, toiletries, change of clothes, bible/homework/book/journal, cards, games, etc. We have access to two showers so if you want to shower, bring a towel.

***High school students will not be allowed to leave once they have arrived at church unless previous arrangements are made with Carmen.***

Transportation will be provided by private car by a driver who is in compliance with the diocesan child protection policy. ***High school students will not be allowed to drive to the service activity.***