



# TEXAS TOBACCO-FREE ACTION SUMMITS



## WHAT IS A SAY WHAT! ACTION SUMMIT?

- Hosted by the Texas School Safety Center in partnership with UNIDAD TPCC
- Empower school- and community-based youth groups to make a positive difference in their communities regarding tobacco prevention
- Peer-led educational and team building activities
- Service learning opportunity creates/reinforces self-worth
- It's FREE!!! Free food, free training, free t-shirt and more!

The Say What! movement was developed by youth and believes in implementing youth-adult partnerships. Fun activities and engaging discussions that include leadership development, team building, and commitment to a larger cause are peer-led by Teen Ambassadors – high school students from across Texas selected and trained to be statewide youth advocates in tobacco prevention.

## WHAT TO EXPECT...



- Check-In – 8:00-9:00am
- Training starts at 9:00am
- Event ends at 5:00pm
- Earn 3 community service hours



**FEBRUARY 18**  
McAllen Convention Center  
McAllen, TX  
Register by February 1



**REGISTER AT: [TXSAYWHAT.COM](http://TXSAYWHAT.COM)**



Say What! was created and designed by young people from across Texas and connects students interested in eliminating tobacco from their schools and communities. The Say What! movement is funded by the Texas Department of State Health Services through a contract with the Texas School Safety Center at Texas State University.



# Action Summit Emergency Contacts & Medical Info form

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

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

## Two Emergency Contact Persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance?  YES  NO

Name of Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Physician Phone: \_\_\_\_\_

Will you be taking any medication?  YES  NO If YES, please specify: \_\_\_\_\_

Are you allergic to any foods?  YES  NO If YES, please specify: \_\_\_\_\_

Are you allergic to any medication?  YES  NO If YES, please specify: \_\_\_\_\_

Dietary needs because of a medical condition: \_\_\_\_\_

## Liability and Medical Release

### Irrevocable Release of All Claims

In consideration for being accepted by the Texas School Safety Center (TxSSC) and Texas State University (TxState) for participation at the 2016 Say What! Action Summits, we (I) being 21 years or age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless TxSSC, TxState and site host and the directors there of from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above named event.

Furthermore, we (I) (and on the behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and all activities involved there.

Furthermore, authorization and permission is hereby given to TxSSC, TxState and the organization named above to furnish any necessary transportation, food and lodging of this participant.

The undersigned further agree to hold harmless and indemnify TxSSC, TxState, the site host and the school/organization named above, its directors, employees and agents, for any liability sustained by said organization as the result of negligent, willful or intentional act of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activity, and hereby given our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and **assume the responsibility of all medical bills.**

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

### I understand that:

- If I am an Adult Sponsor, I am responsible for the youth I am accompanying,
- I must stay on site the entire time the Action Summit is in session,
- I agree to abide by and enforce the Action Summit Code of Conduct and Dress Code,
- I agree to participate in all Action Summit activities unless otherwise excused by staff or an accompanying Adult Sponsor, and
- I release TxSSC, TxState, and DSHS to use ideas, photographs, audio and/or film that may be taken throughout the Action Summit.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if participant is under the age of 18)