

# PREVENTION SUMMIT YOUTH PERMISSON PACKET

All forms must be fully complete, signed and submitted in-person at Summit check-in to attend the Prevention Summit. Incomplete form(s) will not be accepted, and youth will be turned away at check-in.

Below is a checklist for bringing youth and registering for the 2023 Prevention Summit. The Team Adult Advisor (TAA) and/or chaperone, youth, and their parent(s)/guardian(s) must review and complete the forms below prior to the conference check-in on October 24.

## Youth & Parent/Guardian Checklist:

- Review pages 2 6 of this packet and sign all designated areas for youth to attend the Prevention Summit.
- This completed Youth Permission Packet should be given to the youth's TAA/chaperone(s) to be submitted in-person during the on-site checkin at Summit.
  - o Forms should not be sent directly to the Health Care Authority or University of Nevada-Reno.
- Parent(s)/Guardian(s): Keep the following number in the event there is an emergency, and you are unable to reach your youth, youth's TAA, or chaperone(s):
  - The Davenport Grand, Autograph Collection, 333 West Spokane Falls Boulevard, Spokane, WA, 99201
  - o Phone: (509) 458-3330
- Youth must be 12 to 18 years of age to participate in the Prevention Summit.
- If a youth does not have a TAA and you are serving as the chaperone during the Summit, complete the TAA and/or Chaperone checklist below.

# Youth Team Checklist (if applicable):

- Designate a TAA (see Team Adult Advisor Guidelines for more information).
- Select a team name to be placed on all registration materials if your youth team has not already done so. Please reference the same team's name for all team members on conference forms and materials.
- Review the Lodging & Venue link for information on the group lodging block:
  - https://preventionsummit.org/lodging-and-venue/

## Team Adult Advisor (one per team) and/or Chaperone Checklist:

- Review the Team Adult Advisor and Chaperone Guidelines document located on the Registration page:
  - https://preventionsummit.org/registration/
- All TAAs and chaperones for each team must attend the mandatory TAA and Chaperone meeting by webinar or in-person. *Please note these are subject to change.* 
  - o By Webinar: Wednesday, October 18, 2023 at 10:30 a.m.
  - o In Person at the Davenport Grand Hotel: Monday, October 23, 2023 at 4:30 p.m.
- Please ensure that youth attendees bring one (1) original and two (2) copies of Youth Permission Packet. Youth Permission Packets must be signed and submitted to the Prevention Summit's registration desk during team check-in.
  - o Youth will not be allowed to attend the Prevention Summit without completed forms submitted in-person at Summit Check-in.



# **YOUTH GUIDELINES & EXPECTATIONS**

All forms must be fully complete, signed and submitted in-person at Summit check-in to attend the Prevention Summit. Incomplete form(s) will not be accepted, and youth will be turned away at check-in.

The following guidelines and expectations have been set forth by the organizers of the Prevention Summit to help provide a great youth track experience. These guidelines have been established to provide safety and a framework for appropriate behavior for all attendees. Team Adult Advisors (TAAs) and/or chaperones may choose to have additional guidelines and expectations.

Guidelines must be followed in order to participate in the conference and related activities. Violations of any of the guidelines may result in an individual or team being disqualified from eligibility for event prizes and/or scholarships for up to a 12-month period.

The Prevention Summit provides youth attendees the opportunity to learn from others while showcasing their own education and to receive the tools and training needed to develop prevention projects that can be implemented in their communities. Youth then can present on their projects during the follow-up conference, the Spring Youth Forum, or other youth trainings and conferences. Though this is a time for fun and learning, there are a few guidelines that need to be followed:

- Youth are required to stay at the conference facility, The Davenport Grand, always, unless accompanied by their Team Adult Advisor and/or Chaperone.
- Youth attending the Prevention Summit are expected to adhere to a zero-tolerance policy for tobacco, marijuana, alcohol, misuse/abuse of medicines, and illegal drug use/possession.
- Youth will exhibit respectful and professional behavior, including refraining from engaging in affectionate, intimate, or sexual behavior and/or activity.
- The Prevention Summit curfew for youth is 10:00 p.m. in rooms No exceptions.
- Youth, Team Adult Advisors, and Chaperones are expected to attend all event activities, meals, and conference workshops.
- Youth are expected to stay with their Team Adult Advisor and/or Chaperone(s) at all times during the conference and its related activities.
- Youth must retain and carry their personal copy Youth Guidelines/Permission Forms at all times while on-site at the conference.
- Youth are expected to adhere to the "no guest policy" in all conference areas.

## **Youth Code of Conduct**

The goal of the Prevention Summit is to provide a safe, fun, and positive environment in which youth and adults can learn and gain skills.

- I will obey all The Davenport Grand rules, as well as all rules established by Prevention Summit Staff and my Team Adult Advisor and/or Chaperone(s).
- I will treat all others with respect.
- I will leave the hotel and areas of the facility, including conference workshop rooms, as I found them or better.
- I will participate in Prevention Summit activities to the best of my abilities.
- I will conduct myself in a professional manner.
- I will listen to others.
- I will not engage in violent behavior.
- I will not use tobacco, marijuana, alcohol, or other illegal substances, including but not limited to misuse of prescription or over the counter medicines.
- I will not engage in inappropriate, affectionate, intimate, or sexual behavior and/or activity.
- I understand any violation of the Youth Code of Conduct will result in consequences for my behavior.

#### **Violations to Guidelines or Code of Conduct**

Violation of any of the guidelines or code of conduct may result in:

- Not being able to participate in Prevention Summit activities.
- My Parent or Guardian will be notified.
- Being dismissed from the conference.\*
- I may be disqualified from eligibility for event prizes and/or scholarships for up to a 12-month period.

\*The Prevention Summit reserves the right to dismiss any attendee at any time, depending upon the severity of their infraction. Any costs related to such dismissals would be the responsibility of the individual being dismissed. Parents or guardians will be responsible for any costs incurred in sending a youth home early.



#### Who to Contact at the Summit

Youth contacts are conference co-chairs, Isaac Derline and Kersten Tano, the UNR Conference Services Group, and the Prevention Summit onsite security, TBD. They are available to answer questions and provide guidance, as needed.

Isaac Derline – phone: (360) 643-7886 Kersten Tano – phone: (360) 622-1349

UNR Conference Services Group - phone: (775) 682-8545

The Davenport Grand - phone: (509) 458-3330

Youth (under the age of 18) will NOT be able to participate in the Prevention Summit without the signature of a Parent/Guardian.

ave carefully read all pages in this packet and understand its contents.			
Youth Name (please print)	Youth Signature	Date	
Parent/Guardian Name (please print)	Parent/Guardian Signature	 Date	



## YOUTH RELEASE FORM

All forms must be fully complete, signed and submitted in-person at Summit check-in to attend the Prevention Summit. Incomplete form(s) will not be accepted, and youth will be turned away at check-in.

#### Youth and Parent/Guardian Assumption of Risk

I understand that there are risks, both to person and to property, in participating in educational workshops and recreational activities at the Prevention Summit on October 24-25, 2023 ("Summit"). These risks may arise from my own or others' actions, inactions, or negligence. In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Summit or any events incidental to the Summit.

#### **Release and Waiver**

In consideration for and as a condition of being allowed to participate in the Summit, I release from liability and waive my right to sue the state of Washington, the Washington State Health Care Authority and Prevention Summit Co-Sponsors, and their directors, officers, employees, agents, volunteers, contractors, facilitators, and assigns (collectively, the "Sponsors") for any and all claims related to injury, loss, or damage to person or property which I may sustain as a result of participation in the Summit or any events incidental to the Summit.

#### **Indemnification and Hold Harmless**

I agree to hold the Sponsors harmless from all claims for any liability, injury, loss, damages, or expense(s), including attorneys' fees, in any way connected with or arising out of my participation in, the Summit or any events incidental to the Summit. If the Sponsors incur any of these types of expenses, I agree to reimburse the Sponsors.

#### Photography/Video Release

I give the Sponsors permission to photograph, audiotape, videotape and/or record me at the Summit and for the Sponsors to use the photographs, video, audio and recorded content, with or without my name, in any manner of their choosing.

This release is intended to be as broad and inclusive as is permitted by law. If any provision of this release is held invalid, the invalidity shall not affect other provisions that can be given effect without the invalid provision.

I have carefully read this release, understand its contents, and am fully informed about this program and circumstances. I am aware that this release is a contract with the Sponsors. I sign it freely and voluntarily.

Youth Name (please print)	Youth Signature	Date
Youth (under the age of 18) will No	OT be able to participate in the Prevention Summit wi	thout the signature of a Parent/Guardian.
, ,	n. I have read this document, and I am signing it freely. I a gations and acts of the youth. In consideration for my you nent.	

I understand the legal consequences of signing this document, including (a) releasing the Sponsors from all liability on my and the youth's behalf, (b) waiving my and the youth's right to sue the Sponsors, (c) holding the Sponsors harmless from all claims for any liability, injury, loss, damages, or expense, including attorneys' fees, in any way connected with or arising out of my youth's participation in, including travel to and from, the Forum or any events incidental to the Summit, (d) giving the Sponsors permission to photograph, audiotape, or videotape the youth at the Summit and for the Sponsors to use the photographs, video, or audio content, with or without the youth's name, in any manner of their choosing, and (e) I'm assuming all risks, known and unknown, foreseeable and unforeseeable, in any way connected to the youth's participation in, including travel to and from, the Summit and any events incidental to the Forum.

I authorize the Sponsors to contact emergency medical services. I acknowledge that it is my responsibility to provide adequate accident and health insurance coverage for the youth participating in the Summit and acknowledge that the Sponsors do not provide insurance coverage for participants.

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date	
Relationship to Child	Daytime Phone	Evening Phone	



## MEDICAL EMERGENCY CONTACT INFORMATION FORM

All forms must be fully complete, signed and submitted in-person at Summit check-in to attend the Prevention Summit. Incomplete form(s) will not be accepted, and youth will be turned away at check-in.

In the case of an emergency and contacting your child becomes necessary, please call your youth's TAA/chaperone(s). In the event you cannot reach your youth or their TAA and chaperone, please contact: The Davenport Grand – phone: (509) 458-3330.

## Youth Participant Information (please print clearly):

Last Name	First Name	Date of Birth
Chaperone's Name	Chaperone's On-Site Phone Number	
Insurance Company	Insurance Policy Number	
List any medications currently prescribed to the yo	outh:	
List any allergies, including foods and medications	3:	
Emergency Contact Name:	Relationship to child:	
Daytime Phone:	Evening Phone:	
Additional Emergency Contact Name(s) and Phor	ne Number(s):	
Comments:		