



2014 No Limits Activism Summit

Big Tobacco has a long history of deceiving the public, hiding the truth, and targeting youth with its marketing. It's time to do something about that. Youth have the power to stop the tobacco industry from addicting another generation. Unite with other youth at the No Limits Activism Summit and help unmask Big Tobacco with their "New Mask, Same Villain!"

Here's a quick summary:

When: May 29– 31
Where: University of Nebraska-Kearney Campus, Kearney, NE
Cost: FREE (We'll even pick you up!)

We're looking for Nebraska youth who:

- Are 12–17 years old and entering grades 7–12.
- Want to find out the truth behind Big Tobacco's lies.
- Are willing to take action against tobacco in their community and state.

Do you need a group or sponsor?

Both individuals and groups are welcome. A group sponsor is encouraged but not required.

Transportation

No Limits tries to provide transportation to and from the summit at no cost to participants. Our buses will be making several stops across the state.*

- *West to East Route:* North Platte, Cozad
- *North to South Route:* Lynch, Hartington, Ewing, O'Neill, Ericson
- *East to West Route 1:* Bellevue, Omaha, Lincoln, Wilber, Fairbury
- *East to West Route 2:* Schuyler, Grand Island

*Routes are subject to change. Contact No Limits if you're having difficulties with transportation.

Application Checklist:

- Fill out the application completely.
- Answer the short essays.
- Submit your application by **Wednesday, April 30, 2014**.

Find out more information at www.NoLimitsNebraska.com.

All applications must be received by **Wednesday, April 30, 2014**.

Acceptance announcements will be sent out no later than **Monday, May 12, 2014**.

You can reach us at:

PHONE	1.866.394.8336
FAX	402.489.2727
EMAIL	info@NoLimitsNebraska.com
MAIL	No Limits Activism Summit Attn: Molly Kincaid 300 S. 68 th Street Place Lincoln, NE 68510

DON'T MISS THIS OPPORTUNITY. APPLY NOW!

All applications MUST be received by Wednesday, April 30, 2014



2014 No Limits Activism Summit Application

Application to be completed by youth

Name _____ Last Name _____ Birthday ____/____/____

Home Ph (____) _____ Cell Ph (____) _____ Grade _____

Email Address _____

Mailing Address _____ City _____

Zip _____ Gender: M _____ F _____ T-Shirt Size _____

Parent/Guardian #1 Name _____ Home Ph (____) _____

Cell Ph (____) _____ Work Ph (____) _____

Parent/Guardian #2 Name _____ Home Ph (____) _____

Cell Ph (____) _____ Work Ph (____) _____

Emergency Contact Name _____ Relationship to Youth _____

Home Ph (____) _____ Cell Ph (____) _____

I'd like to attend as: An Individual _____ Part of a Group _____ Group Name _____

Group Sponsor attending the Summit (if applicable) _____

Roommate's Name* _____

* We can't promise you'll be rooming with this person, but we can sure try. Make sure your name is listed as a roommate on this person's application.

How did you hear about the No Limits Activism Summit?

- No Limits Website
- Friend/Family Member
- Email from No Limits
- Local Coalition
- Adult Contact _____
- State Conference Booth
- Facebook
- Other _____

Ethnicity (Optional):

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian/Pacific Islander
- American Indian/Native Alaskan
- Other _____

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Tell Us More about YOU!

Student's Name: _____ City/Group Name: _____

How do you spend your free time? Do you have any hobbies? _____

What is something unique about you? Do you have a hidden talent? _____

Are you currently involved in any other anti-tobacco programs? Have you been in the past? _____

Do you use tobacco? Do your friends use tobacco? If so, which brand? *(Answering yes will **NOT** hurt your chances of being accepted. We are against the tobacco industry, not the tobacco user.)*

Short Essays

You can answer these with a short essay (30–100 words) or with a drawing, poem, song, or other form of creative expression. Keep in mind that effort will be taken into consideration.

1) Why do you want to attend the No Limits activism summit?

2) No Limits is about youth leadership, taking action, having fun, and spreading the word about Big Tobacco.

Please answer one of the following questions:

- a) What one thing would you like to change about tobacco use in your community?
- b) If you had unlimited funds/resources to expose teens to No Limits and its messages, what would you do? (Think big. Think change. Get creative with this; you could inspire it to happen next year!)

3) Activism plays a huge part in helping No Limits expose Big Tobacco's lies. Please answer one of the following questions:

- a) The tobacco industry makes and markets a product that kills millions worldwide each year. What would you like to tell other teens about the tobacco companies and how would you do it?
- b) Tell us about a project or activity that you enjoyed doing. Feel free to include examples, photos, or a link to view it. Projects could be a website, creative writing, video editing, art, podcasting, event planning, welding, a collage, etc. Don't feel limited to this list; it's about what *you* enjoy doing.
- c) Are you an experienced activist? Tell us about it. What did you specifically do? What was your message? How many people heard/saw it? What was the best part about it?

Please select one:

- No Limits Newbie—This is my first experience with No Limits.
- I've done some activism at home, but this is my first No Limits summit.
- No Limits Veteran—I've attended a No Limits summit and participated in some activism.

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2014 No Limits Activism Summit

Youth Participant Permission Form

Consent for Youth Participation

Please review and complete all the spaces on this form.

INCOMPLETE FORMS WILL NOT BE ACCEPTED AND YOUR CHILD WILL NOT BE ABLE TO ATTEND THIS EVENT.

Youth Participant Name: _____ **City/Group Name:** _____

I hereby request and consent that my child or ward, _____ be permitted to
travel to and from, and participate in the 2014 No Limits Activism Summit in Kearney, Nebraska, on May 29–31, 2014. I
understand and agree to the following:

- The summit is designed as a means to educate and update Nebraska youth on the latest techniques in tobacco prevention and leadership.
- My child or ward may be accompanied and transported by officials sponsoring the summit or by their designated chaperone(s).
- I agree that no official or employee associated with the summit, No Limits or any sponsoring agency shall be held responsible for any injuries or damages occurring while my child is traveling to or from or participating in the summit and/or sponsored activities. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the summit as well as any sponsored activities that he/she may participate in during this time.
- I agree to travel to the summit location and pick up my youth upon request by No Limits staff due to sickness or disciplinary reasons.
- I hereby authorize any official of the summit or designated chaperone to consent to emergency medical treatment* as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

I further grant permission for _____ to appear in person or in voice,
video or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the No Limits Activism Summit and also to complete confidential or anonymous surveys and participate in interviews for evaluation purposes.

Youth Participant Signature: _____

Date: _____

Group/City: _____

Parent(s)/Guardian(s) Signature: _____

Parent(s)/Guardian(s) Name (Printed): _____

**Please see and complete the Medical Release Form.*

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2014 No Limits Activism Summit

Youth Participant Permission Form

Medical Release Form

As a general rule, anesthesia may not be administered to or operation performed without written permission by the parents or guardians. However, on rare occasions, an emergency requiring hospitalization and/or surgery develops. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parents or legal guardian, the parent/guardian is asked to sign the release form below.

In the event of injury or illness to my son/daughter/ward,

Youth Participant Name: _____ **Date of Birth:** _____

I hereby authorize official meeting staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

I hereby authorize the event staff member to administer over-the-counter medication if necessary. [e.g., Tylenol (headache, fever), Advil (cramps, aches), Pepto Bismol (upset stomach, nausea), Benadryl (allergies)]

Is the minor listed above allergic to any medications? Yes _____ No _____

If yes, please list: _____

Please list any medical condition of which staff should be aware: _____

Note: A staff member will hold medications (except inhalers for asthma). Medications must be in original containers and have the youth's name and dosing instructions clearly identifiable on the label – this includes prescribed as well as over-the-counter medications.

Hospitalization Insurance Company

Name of Emergency Contact/Relationship to Youth

Hospitalization Insurance Policy #

Emergency Contact's Home Phone Number

Policy Holder Name

Emergency Contact's Work Phone Number

Company/Organization

Emergency Contact's Cell Phone Number

Youth's Primary Physician's Name

Youth's Primary Physician's Phone Number

Please identify special limits to treatment, if any: _____

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Date

(If possible, please attach a copy of the youth participant's insurance card.)

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2014 No Limits Activism Summit

Youth Participant Permission Form

Youth Code of Conduct

Youth Name: _____ City/Group Name: _____

WHEREAS, the possession and/or use of weapons, tobacco products, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items is prohibited; and

WHEREAS, sexual contact at any event or activity which occurs within the time frame of the No Limits Activism Summit is prohibited; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of Nebraska or any local ordinance is also prohibited; and

WHEREAS, the attendance and punctuality at all scheduled sessions at the summit is considered mandatory by all participants at the No Limits Activism Summit; and

WHEREAS, there is a commitment to serve as a contact and resource person in my community/county/state tobacco education program; and

WHEREAS, all participants are expected to show respect for the property of others and the facility in which the meeting is being held; and

WHEREAS, all groups and individuals are expected to remain at No Limits Summer Summit for the entire duration of the summit which is being held primarily at the UNK Campus. (However, students at times will also be at other various locations for activism purposes and must remain at these locations with their sponsors.)

****** IMPORTANT NOTICE******

THEREFORE, I _____, agree to abide by this Code of Conduct and am aware
Youth Name

that any infraction of the Code will result in my parent/guardian(s) being notified. In the event that it is determined that I have violated the Code, I may be sent home at my parent/guardian's expense. The responsibility for making this determination is vested in the chaperone and event sponsors.

Youth Participant Signature

Parent/Guardian Signature

Participant Name (Printed)

Parent/Guardian Name (Printed)

Date

Date

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2014 No Limits Activism Summit May 29- 31, 2014

UNK Parent/Guardian Information

The University of Nebraska-Kearney has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics or conferences.

Our policy includes safe interaction guidelines including sex offender registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience.

Activity Workers

1. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) in which they reside.
2. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check.
3. In case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.
4. All UNK activities will comply with UNK's *Youth Activities Safety Guidelines*.
5. As parent(s) or legal guardian(s) you give permission to this activity to use photos of your child in promotional media.

Disciplinary Action

The activity directors of University-sponsored activities, clinics and conferences reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal.

I authorize my youth to be released to _____ in my absence.

Youth Name Printed

Parent or Guardian's Printed Name

Signature

Phone Number

Date

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Special Needs

This will not affect the selection process; it's simply to allow accommodation for all special needs.

Youth Participant Name: _____ City/Group Name: _____

Special Needs: Please indicate any special needs or disabilities that we should know about. Include any relevant information on this form. We will contact you for further information, if needed.

No Special Needs

Special Dietary Needs: Please indicate any special dietary restrictions such as vegetarian, kosher, or food allergies.

No Special Dietary Needs

Transportation: Please indicate which location will be most convenient for you. Participants or groups having difficulties getting to/from a scheduled stop should contact No Limits to see if other transportation arrangements can be made.

Please select **one** stop:

West to East

- North Platte
- Cozad

North to South

- Lynch
- Hartington
- Ewing
- O'Neill
- Ericson

East to West 1

- Bellevue
- Omaha
- Lincoln
- Wilber
- Fairbury

East to West 2

- Schuyler
- Grand Island

**Please submit application forms by Wednesday, April 30, 2014, to Molly Kincaid.
Acceptance announcements will be made no later than Monday, May 12, 2014.**

Submit forms via:	FAX 402.489.2727 EMAIL info@NoLimitsNebraska.com MAIL No Limits Activism Summit Attn: Molly Kincaid 300 S. 68 th Street Place Lincoln, NE 68510
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