



DON'T MISS THIS OPPORTUNITY. APPLY NOW!

2018 No Limits Fall Activism Summit

Application to be completed by youth

Youth Participant's Information

First Name: _____ Last Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Mailing Address: _____

City: _____ Zip: _____ T-Shirt Size: _____

Email Address: _____

Sex: Male Female Date of Birth: _____ Expected Grad Year: _____

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

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.

Parent/Guardian(s) Information

Parent/Guardian #1 Name: _____

Home Ph: (_____) _____ Cell Ph: (_____) _____ Work Ph: (_____) _____

Parent/Guardian #2 Name : _____

Home Ph: (_____) _____ Cell Ph: (_____) _____ Work Ph: (_____) _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship to Youth: _____

Home Ph: (_____) _____ Cell Ph: (_____) _____ Work Ph: (_____) _____

How did you hear about the No Limits Activism Summit?

- No Limits Website
- Friend/Family Member
- Email from No Limits
- Adult Contact _____
- Facebook
- Twitter
- Instagram
- Other _____

Ethnicity (Optional):

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

All applications MUST be received by Wednesday, October 3rd, 2018

2018 No Limits Fall Activism Summit Tell Us More about YOU!

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

No Limits Experience

Even though everyone is welcome, we would like to know a little about your past experience with No Limits to customize and maximize your experience at the summit. So please select which of the following best describes you:

- 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.

If applicable, please list the No Limits events you have attended _____

Short Essays

No Limits is all about youth leadership, taking action, having fun, and spreading the word about Big Tobacco. Please answer the following questions with a short essay (30–100 words) or with a drawing, poem, song, or other form of creative expression. Please answer all of the questions or submit your creative expression on a separate sheet of paper. Keep in mind that effort will be taken into consideration this year.

1. **What is No Limits? Why do you want to be a part of it and come to the Fall Activism Summit?**
2. **What are you hoping to learn by attending the summit? How are you going to take the information you learn and apply it back home?**
3. **How has tobacco affected you personally? What is one thing you would like to change about tobacco use in your community? What can you do to try and change the tobacco industry's effect on your community?**
4. **Do you use tobacco or e-cigarettes? Do your friends use tobacco or e-cigarettes? If so, which brand?**
*(Answering yes will **NOT** hurt your chances of being accepting. We are against the tobacco industry, not the tobacco user.)*
5. **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 others about the tobacco companies? How would you tell them?
 - b. Tell us about a project or activity that you enjoy 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?

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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
Youth Name

travel to and from, and participate in the 2018 No Limits Fall Activism Summit in Aurora, Nebraska, on November 3 and 4, 2018. 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,
Youth Name

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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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 Number

Emergency Contact's Home Phone Number

Policy Holder Name

Emergency Contact's Cell Phone Number

Company/Organization

Emergency Contact's Work 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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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 participants are not permitted to participate in any water activities. This includes, but is not limited to, being in, on, near the pool, spa, lake, etc., and

WHEREAS, all groups and individuals are expected to remain at No Limits Summer Activism Summit for the entire duration of the summit which is being held primarily at the Leadership Center in Aurora. (However, students at times may 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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Youth Participant Permission Form

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:

- | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Beatrice | <input type="checkbox"/> Ewing | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Bellevue | <input type="checkbox"/> Fairbury | <input type="checkbox"/> North Platte |
| <input type="checkbox"/> Broken Bow | <input type="checkbox"/> Grand Island | <input type="checkbox"/> Omaha |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Hartington | <input type="checkbox"/> O'Neill |
| <input type="checkbox"/> Cozad | <input type="checkbox"/> Johnson | <input type="checkbox"/> Schuyler |
| <input type="checkbox"/> Crofton | <input type="checkbox"/> Kearney | <input type="checkbox"/> Wilber |

**Please submit application forms by Friday, October 5th, 2018, to Molly Kincaid.
Acceptance announcements will be made no later than Friday, October 12th, 2018.**

Submit forms via:

| | |
|------------|----------------------------------|
| SCAN/EMAIL | info@NoLimitsNebraska.com |
| MAIL | No Limits Activism Summit |
| | Attn: Molly Kincaid |
| | 1201 Infinity Court |
| | Lincoln, NE 68512 |
| FAX | 402.437.0101 |

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