

# FACT Summit

WELCOME TO FACT Summit 2016  
Sevierville Convention Center  
July 17-19, 2016



FACT SUMMIT 2016 will be held at Sevierville Convention Center, Sevierville, TN, beginning on Sunday, July 17 at 3p.m., and concluding on Tuesday, July 19 at 12 p.m. EST

Registration includes the following: all meals beginning with Sunday dinner through Tuesday breakfast, an event T-shirt, conference materials and all program costs.

This year the cost is \$100.00.

After June 1<sup>st</sup>, please contact [fact.summit@tn.gov](mailto:fact.summit@tn.gov) to see if there is space available.

## Things to remember:

- Go to [factsummit.eventbrite.com](http://factsummit.eventbrite.com) and register online! Click "Check" from the drop-down menu when registering any team members whose registration will be covered by county Tobacco Settlement funds.
- Use these forms attached if you do not have access to a computer.
- ALL REGISTRATION MUST be postmarked before JUNE 1, 2016. Please contact [Fact.summit@tn.gov](mailto:Fact.summit@tn.gov) after this date to see if there is space available .

## REGISTRATION INFORMATION

**(Please read carefully to insure your registration will be processed at the earliest date)**

1. Fill out the registration form COMPLETELY. Make sure you review all information about the event with your parent(s) and **have her/him sign your FACT Summit Community Guidelines form.**
2. Complete, with your parent(s), the Medical Release Form, Code of Conduct and Photo Release Form. **MAKE SURE THEY ARE SIGNED.** Forms will be available and must be completed by each student's guardian online at [tn.gov/Factsummit](http://tn.gov/Factsummit)
3. You will receive a letter of confirmation via email once we have received all your signed forms. The confirmation letter, any updated information (change in medical history, insurance, etc

## HOTEL INFORMATION

- The host hotel is [Wilderness at the Smokies](#), which is attached to the convention center. Conference participants are required to stay at Wilderness.
- A block of rooms has been reserved for participants in the FACT Summit. Please indicate you are attending the FACT Summit when making your reservation to get the discounted room rate.
- Hotel room rates are \$189/night, not including tax and a \$12 Resort Fee. Each room will sleep 4-6 people. Hotel costs are in addition to the conference registration fee.
- Payment for room accommodations must be handled at the county level and must be provided at the time room reservations are made. Counties may not request an invoice for payment at a later date.
- Guests at Wilderness will receive admission to the resort's water parks as part of their hotel fees.
- Hotel check-in begins at 4 p.m. Eastern time. However, registered guests may arrive as early as 11 a.m. on the day of their reservation to enjoy the water parks.
- Participants in the FACT Summit who wish to arrive Saturday or stay Tuesday night may reserve their rooms for these days at the discounted room rate.

## MEDICAL TREATMENT FORM for FACT SUMMIT 2016

*(This form must be completed in order to process registration)* RELEASE OF ALL CLAIMS

In consideration of being accepted by the FACT Summit event, I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the FACT Summit, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the tobacco prevention sponsored youth events, including travel, recreation and all associated activities. Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant. I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child. I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like. I (we) also release the participant's name as part of an information database for the FACT Summit and related entities, and grant the FACT Summit unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Participants Name _____	DOB _____
Participants Signature (if over 18) _____	Date _____
Legal Guardian Signature _____	Date _____

**PLEASE ATTACH PHOTOCOPY OF MEDICAL INSURANCE CARD OR COMPLETE BELOW:**

Insurance Company \_\_\_\_\_ Insurance company phone # \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PARENTAL INFORMATION:**

Guardian 1	_____	Email _____
Home Phone	Work Phone	Cell Phone _____
Guardian 2	_____	Email _____
Home Phone	Work Phone	Cell Phone _____
Emergency POC	_____	Relationship _____
Home Phone	Work Phone	Cell Phone _____

1. Allergies \_\_\_\_\_
2. Restrictions on diet or exercise \_\_\_\_\_
3. Special needs or problems? If so, please list \_\_\_\_\_  
\_\_\_\_\_
4. Is the participant on regular medication? If so, please list the drugs, dosages, frequency and any instructions \_\_\_\_\_  
\_\_\_\_\_

## FACT SUMMIT COMMUNITY GUIDELINES for Youth and Staff

Each member of the community will...

**Assume Full Responsibility for Your Own Behavior by:**

- a) Being present for the entire event and participating in ALL activities with your Unit as well as FACT SUMMIT Community activities
- b) Remaining within the physical boundaries of the FACT SUMMIT community
- b) Wearing an I.D. at all times
- c) Not bringing alcoholic beverages, drugs, cigarettes, firearms, fireworks, knives, or other inappropriate items (i.e. bikes, hair clippers, etc.) There is a 100% no---smoking policy for this event!
- d) Keeping your room locked at all times (FACT SUMMIT is NOT responsible for lost or stolen items)
- e) Wearing shirts and shoes at all times except when at the pool or in your room

**Be Respectful TO and OF Others by:**

- b) Boys not going onto the girls' hotel floors and girls not going onto the boys' hotel room floors
- c) Taking care of property and equipment not belonging to you and reporting any damaged items to the FACT SUMMIT staff immediately (you will be charged for damages you cause)
- d) This is a closed Summit – do not invite outside guests or leave the hotel or convention center

**Be Supportive of All FACT SUMMIT Staff and Participants by:**

- e) Arriving on time.
- f) Not switching rooms --- as a matter of safety
- g) Reporting all sickness or injury to your FACT Summit staff and medical team. I understand that all prescription and over the counter medicines will be given only by the Medical staff.

**To provide clear boundaries to promote a SUCCESSFUL event, one or more of the following responses will be enacted for violations of the established rules:**

- a) Warning to participant --- clarification and review of the guidelines)
- b) Fair and appropriate steps will be taken to rectify the problem within the small group or Unit Directors if possible. (A form will be signed and dated at this meeting
- c) Participant sent home --- to be picked up by parent or sent home at parent's expense as determined by the FACT Summit Director and Unit Directors.

***OBSERVING THE FACT SUMMIT GUIDELINES will help our time together to be more effective and safe, allowing each of us to receive maximum benefit from this event. By signing below, we signify that we have read and understand the FACT SUMMIT GUIDELINES and agree to observe them while attending FACT SUMMIT.***

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_

DOES THIS YOUTH HAVE SPECIAL NEEDS WE SHOULD KNOW ABOUT? Please email [fact.summit@tn.gov](mailto:fact.summit@tn.gov)

*By signing below, I signify that the above youth would be an appropriate participant for this event and the unit which he/she has chosen.*

**PARENT'S SIGNATURE**  
\_\_\_\_\_



Tennessee Department of Health

Waiver of Liability, Assumption of Risks, and Indemnification Agreement

In consideration of \_\_\_\_\_ (County Health Department) and Tennessee Department of Health me to participate in the

FACT Summit on July 17-July 19, 2016, I \_\_\_\_\_ (guest or participant) hereby agree to waive and release any and all claims which I or my family may now or hereafter have against Tennessee Department of Health., its representatives, agents, employees or assigns for any injury, illness, or damage which I suffer, unless proven such claim occurred based solely upon the gross negligence of \_\_\_\_\_ (County Health Department) &Tennessee Department of Health, while on the Sevierville Convention Center property or attending an activity at the Wilderness at the Smokies Resort. This includes all activities related to the summit including any transportation related to the activity. I and my family agree to fully and completely indemnify and hold harmless \_\_\_\_\_ (County Health Department) &Tennessee Department of Health, its representatives, agents or assigns from any claim, action, cause of action, or suit including litigation expenses and attorney fees due to any injury or damage which may have occurred on of or arising out of or in connection with my use of said premises. I, for myself and/or my minor child (if applicable and signatures appear below), acknowledge and understand this means I knowingly and voluntarily assume any and all risks, both known and unknown, appurtenant to the use of said premises for the summit, wherever on Sevierville Convention Center campus they may occur, and at all times I am present on said premises.

If this waiver/Agreement is signed by a parent or guardian below, you hereby acknowledge that this waiver and indemnity shall be binding upon you, any other parents or legal guardians of said minor child, and the minor child to the fullest extent permitted under the law.

Date Signed \_\_\_\_\_

Signature of Guest \_\_\_\_\_

Name of Guest \_\_\_\_\_

Signature of Guardian or Parent if guest is under 18 \_\_\_\_\_

Name of Guardian or Parent \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

By signing below, I signify that the above youth would be an appropriate participant for this event and the unit which he/she has chosen.

PARENT'S SIGNATURE

X \_\_\_\_\_