



### TOBACCO RESISTANCE UNIT

Please read this Form. Your signature at the end of this Form signifies your understanding and your permission to allow your youth to participate in the TRU/PACT/American Lung Association Event. If you have any questions please contact Cassandra Wood at [cwood@lunginfo.org](mailto:cwood@lunginfo.org).

\*Student Name \_\_\_\_\_ \*Advisor Name \_\_\_\_\_

\*School/Group Name \_\_\_\_\_

#### INFORMED CONSENT AND RELEASE

I understand the nature of the program and give my permission for my son/daughter's voluntary participation in the PACT/TRU/ALA tobacco prevention event and Point of Sale project. I release the sponsoring organization from any liability involved from my son/ daughter's involved from my son/daughter's participation in this program.

\*INITIAL \_\_\_\_\_

#### MEDIA CONSENT

Due to the nature of the activities of the tobacco prevention project/event, your child may have the opportunity to appear on TV, be interviewed by radio/ newspaper reporters or have his/her picture on the sponsoring organization's web site/social media. I do give my permission for my child to participate in media activities that will take place during the PACT/TRU/ALA event. Further, I agree to release and discharge TRU/PACT and the American Lung Association in Pennsylvania and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by myself, my family and/or my child.

\*INITIAL \_\_\_\_\_

#### TRU YOUTH CODE OF CONDUCT

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

WHEREAS, sexual contact or sexual harassment at any event or activity which occurs within the frame of the PACT/TRU/ALA Event is prohibited

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

WHEREAS, any youth exiting the facility housing the workshop or overnight accommodations will be sent home at the expense of my parent/guardian

WHEREAS, any youth driving to the workshop will not be permitted to use the vehicle until the designated time of departure or approved emergency situation where he/she has permission from authority.

WHEREAS, all participants are expected to show respect for the property of others and the facility in which all events will be held.

\*INITIAL \_\_\_\_\_

#### CODE OF CONDUCT AGREEMENT

I have read the POS Protocol and Code of Conduct and I agree to follow the code rules. I know that if I violate them, the PACT/TRU Leadership and American Lung Association of Pennsylvania will call my parent/ guardian. I also know that in an extreme case, I will be sent home at my parent/guardian's expense. The PACT/TRU Leadership and the American Lung Association of Pennsylvania has the right to make this decision.

\*TRU YOUTH INITIAL \_\_\_\_\_

\*INITIAL \_\_\_\_\_

#### MEDICAL CONSENT

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the person who is the above named subject of this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and that failing to reach me, all reasonable attempts to contact the alternate listed will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release PACT, TRU, the American Lung Association of Pennsylvania and all persons associated with this organization from any liability associated with any accident, injury or disease the person who is subject on this from.

\*INITIAL \_\_\_\_\_

\*Parent/Guardian name, printed \_\_\_\_\_

\*Parent/Guardian name, signature \_\_\_\_\_

\*Date \_\_\_\_\_