

ISTEP Summit Registration Forms

Youth's First and Last Name (print): _____

Chapter/group name: _____

Email and Phone number for questions about this paperwork: _____

Youth Code of Conduct

The possession and/or the use of weapons, tobacco products, alcoholic beverages and illegal drugs or remaining in the presence of individuals who are using or taking these items within the time frame of the summit is prohibited.

Inappropriate physical contact that occurs within the time frame of the summit is prohibited. (This includes, but is not limited to, bullying and harassment by any means, including verbal, non-verbal, physical written or electronic conduct.)

Any behavior that violates any of the laws of the United States or the State of Iowa or any local ordinance is prohibited.

The attendance and punctuality of participants at the scheduled summit are considered mandatory.

All participants are expected to show respect for the property of others and the facility in which any event is being held.

By signing this code, the participant expresses a commitment to serve as a contact and resource person in his or her community/county/state tobacco education program.

Consent for Youth Participation

I, the youth's parent/guardian, understand and agree to the following:

- The purpose of ISTEP is to educate students about tobacco/nicotine/vaping prevention, the ISTEP Campaign, and other tobacco related issues. My child, or child under my care, may be exposed to graphic images involving the consequences of tobacco use as a part of this event.
- Summit participants are expected to provide their own transportation to and from the Summit. In the case of an emergency, my child, or child under my care, may be transported by employees of his/her school, the Iowa Department of Health and Human Services (Iowa HHS) or other officials, employees, agents or volunteers.
- In consideration of my child, or child under my care, being allowed to participate in the Summit, I hereby release from liability and agree to indemnify and hold harmless his/her school, the State of Iowa, Iowa HHS, and all officials, employees, agents and volunteers associated with the Summit from any and all claims and demands arising out of or in any way connected with my child, or child under my care's, participation in the Summit or related activities.
- I authorize any Iowa HHS official, employee, agent or volunteer to consent to emergency medical treatment as necessary for the health and safety of my child, or child under my care. I further agree that no Iowa HHS official, employee, agent 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 Iowa HHS, other sponsoring agencies, and the Department and other sponsoring agencies' officials, employees, agents and volunteers from any and all liability, damage,

loss, claims, or demands whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

- I grant permission for my child, or child under my care, to appear in person or in voice, video, or photographic presentation for radio, television, electronic or print media reports and/or media campaign(s) resulting from participation in the Summit.
- I allow my child, or child under my care, to complete anonymous surveys and participate in interviews for evaluation purposes.

By signing, the youth agrees to abide by this Code of Conduct and am aware that any infraction of the Code will result in my parent/guardian(s) being notified. If it is determined that I have violated the Code, I may be sent home at my parent/guardian's expense.

By signing, I, the youth's parent/guardian, request and consent that my child, or child under my care, be permitted to participate in the ISTEP Summit, taking place on October 28, 2025, at the Boone County Fairgrounds in Boone, IA.

Youth's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Medical Release

Youth's Name: _____ Date of Birth: _____

Is the minor listed above allergic to any medications or foods (yes or no)? _____

If yes, please list: _____

Please list any medical conditions or special needs of which staff should be aware: _____

Emergency Contact 1 Name: _____ Cell: (____) _____ Work: (____) _____

Emergency Contact 2 Name: _____ Cell: (____) _____ Work: (____) _____

On rare occasions, an emergency requiring hospitalization and/or surgery may occur. Generally, anesthesia may not be administered to or operation performed without written permission by the parents or guardians. Therefore, to prevent a dangerous delay, if an emergency does occur, the parent/guardian is asked to sign the release form below.

In the event of injury or illness to my child/minor under my care, (youth's name) _____ (date of birth) _____, I hereby authorize any Iowa HHS official, employee, agent, or volunteer to secure whatever treatment is deemed necessary and, if recommended by a physician, the administration of an anesthetic or surgery.

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Name (Printed): _____