## Panther PHDs

# Great American Smokeout Day Competitor registration

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please Print Clearly) | | | | | | | | | | |
| Today’s date: | | | | | | | Student ID: | | | |
| Competitor INFORMATION | | | | | | | | | | |
| First: | | Last: | |  | | ❑ Mr.  ❑ Mrs. | | | ❑ Miss  ❑ Ms. | Classification (circle one) |
|  | | | | | | Fresh/ Soph/ Jun/ Sr./ Grad |
| Email | | | | | Major | | | | | Phone Number |
|  | | | | |  | | | | | ( ) |
| Weight | Height | | Shirt Size | | | | | Nickname(s) | | |
|  |  | |  | | | | |  | | |
| Skills and Abilities will make you a victor: | | | | | | | | | | |
| Organizations (please list all): | | | | | | | | | | |
| Hometown: | | | | | | | | | | |
| Facebook, Instagram, Twitter Names: | | | | | | | | | | |
| **\*\*PLEASE SUBMIT A PHOTO WITH SOLID COLORED BACKGROUND BY DEADLINE DATE [MONDAY, NOVEMBER 14, 2016] TO** [**THEPVPHDS@GMAIL.COM**](mailto:THEPVPHDS@GMAIL.COM) **WITH THE SUBJECT LINE: #GASatPV BY NO LATER THAN 5 PM. MAKE IT A GOOD ONE, AS THIS WILL SERVE AS YOUR COMPETITOR PROFILE PHOTO.\*\*** | | | | | | | | | | |

**About Great American Smokeout Day**

The American Cancer Society marks the Great American Smokeout on the third Thursday of November each year by encouraging smokers to use the date to make a plan to quit, or to plan in advance and quit smoking that day. By quitting — even for one day — smokers will be taking an important step towards a healthier life – one that can lead to reducing cancer risk.

Tobacco use remains the single largest preventable cause of disease and premature death in the US, yet about 42 million Americans still smoke cigarettes — a bit under 1 in every 5 adults. As of 2012, there were also 13.4 million cigar smokers in the US, and 2.3 million who smoke tobacco in pipes — other dangerous and addictive forms of tobacco.

**Panther PhDs and GAS**

Our goal is to encourage awareness to a day in which many people are making a great life change for the betterment of their health. Tobacco use is a major issue in this country and despite many efforts it largely affects many young people including students at PVAMU. The Panther PHDs are encouraging cessation by cheering competitors on as they challenge themselves through physical and mental ability all the while gaining knowledge of the harms of tobacco.

**It is highly encouraged that you, the contestant, do some research on tobacco, hookah, black and mild’s, and the effects of tobacco on one’s body. Personal ability is a plus, however research will allow you to complete the activities at a faster pace.**

**6PM for Victors Ceremony**

**You May Fill out this form and email it back to** [**thepvphds@gmail.com**](mailto:thepvphds@gmail.com) **no later than 5pm on November 14, 2016**

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| **Panther PhDs G.A.S Games 2016** |

**UNIVERSITY DEPARTMENT AND STUDENT ORGANIZATION WAIVER,**

**INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM**

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of \_\_\_\_\_**The G.A.S Games** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein referred to as “activity”), which is sponsored by \_\_\_\_\_\_**The Panther PhDs\_\_\_**\_\_. A Recognized Student Organization, (herein referred to as “Organization”), I hereby release, waive discharge, covenant not to sue, and agree to hold harmless for any and all purposes organization, the Texas A&M University System, the Board of Regents for The Texas A&M University System, Prairie View A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDENMITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, ***including injuries sustained as a result of the sold, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to \_\_\_\_**The G.A.S Games**\_\_\_\_\_\_\_, but I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. ***I agree to indemnity and hold harmless INDEMNITIES*** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.***

3. NO INSURANCE. I understand that RELEASEES many or may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASSE.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; organization has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEOFRE SIGNING THIS DOCUMENT. I HAVE ALSO COMPLETED THE UNIVERSITY RISK CONSENT FORM AND WILL OBEY ALL RULES AND POLICIES TO LESSEN ANY RISKS, WHICH MAY BE INVOLVED IN MY ACTIVITY.**

**SIGNED** this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This document should remain on file for two years after the date of event.**

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| In case of emergency, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At the following number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Health Insurance Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Automobile Insurance Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please list any special services you may require due to an existing medical condition or physical disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**You May Fill out this form and email it back to** [**thepvphds@gmail.com**](mailto:thepvphds@gmail.com) **no later than 5pm on November 14, 2016**