

FAMU Marching "100" Band Member Cover/Information Sheet

Name:	
Student I.D. No.:	
Classification: (i.e., Freshman/Sophomore/Junior/Senior)	
FAMU Email Address:	
Personal Email Address:	
Cell Phone Number:	
Instrument/Auxiliary Unit:	
Fall 2023 M100 Appointed Leadership Position:	
Fall 2023 M100 Band Year (i.e., 1st, 2nd, 3rd, 4th):	
Warm Up Jacket Size (i.e., Men's or Women's - Size S, M, L, XL, 2X, 3X, 4X, 5X):	
Warm Up Pants Size (i.e., Men's or Women's - Size S, M, L, XL, 2X, 3X, 4x, 5X):	
T-Shirt Size (i.e., S, M, L, XL, 2X, 3X, 4X, 5X):	
Shoe Size: (Identify Women or Men's Along With The Size)	
Food Preferences (i.e., Vegan, Vegetarian, etc.):	
Please List Any Allergies That You May Have:	

PLEASE READ CAREFULLY



***NOTE: Fall 2023 Admits-** PLEASE ATTEND THE **JUNE 14-JUNE 16, 2023** MANDATORY ORIENTATION SESSION SCHEDULED FOR MARCHING BAND STUDENTS **(REGARDLESS OF YOUR MAJOR)**. If you have trouble registering for that session, please contact the Orientation Office – Mr. Andre Green at (850) 599-3869. **Summer 2023 Admits – YOU ARE SCHEDULED TO ATTEND THE JUNE 21-23, 2023 ORIENTATION SESSION.**

YOU ARE REQUIRED TO SUBMIT/COMPLETE THE FOLLOWING FORMS/TASKS IN ORDER TO BE CLEARED TO PARTICIPATE IN PRE-DRILL (NOTE - ALL FORMS ARE INCLUDED IN YOUR PRE-DRILL PACKET):

1. PARTICIPATION CRITERIA FORM, DOMESTIC TRAVEL PARTICIPATION AGREEMENT, AND THE TWO WAIVER RELEASE FORMS
2. MEDICAL CONSENT/RELEASE FORM
THIS FORM MUST BE NOTARTIZED BY A NOTARY PUBLIC
3. ANTI-HAZING AGREEMENT
4. PHOTOGRAPHY/VIDEO CONSENT RELEASE FORM
5. CURRENT PHYSICAL EXAMINATION – PLEASE MAKE SURE THAT YOUR DOCTOR **CHECKS THE BOX ON THE PHYSICAL EXAM FORM INDICATING THAT YOU ARE CLEARED TO PARTICIPATE AND THAT HE/SHE PLACES THE MANDATORY OFFICE STAMP ON THE BOTTOM OF THE PHYSICAL EXAM FORM.**
6. ENROLLMENT IN 12 OR MORE CREDIT HOURS
7. ENROLLMENT IN THE MARCHING BAND COURSE MUN 3113

(NOTE: You Will Be Registered For The Marching Band Course When You Have Completed Requirements 1-6).

You WILL NOT Be Allowed To Participate In Pre-Drill If You Have Not Completed ALL SEVEN Requirements

Completed Pre-Drill documents can be scanned and emailed NO LATER THAN JUNE 30, 2023 to:
byron.smith@famu.edu

PLEASE SCAN AS ONE EMAIL ATTACHMENT - NOT INDIVIDUAL PAGES – THANKS!

~Please call Byron Smih at (850) 599-8753 {office}, send an email to Byron.smith@famu.edu, OR come to the Foster-Tanner Band Bldg., Room 106 if you have questions or need additional information~



MARCHING BAND PARTICIPATION CRITERIA

- ❖ **Must be a fully admitted degree seeking FAMU student**
 - ❖ **Must be enrolled full-time (i.e., 12 or more hours), AND must maintain active full-time status throughout the entire semester of participation**
 - ❖ **Must be enrolled in the Marching Band Course MUN 3113**
 - ❖ **Must have a minimum GPA of 2.0**
 - **NOTE: Scholarship recipients must maintain a 2.5 or better GPA, and cannot earn an "F", "U", "W", "WF" or "WU" grade**
 - ❖ **Must have:**
 - **Earned a minimum of 24 credit hours by the end of year one**
 - **Earned a minimum of 48 credit hours by the end of year two**
 - **Earned a minimum of 72 credit hours by the end of year three**
 - **Earned a minimum of 96 credit hours by the end of year four**
 - ❖ **Cannot exceed the 4-year maximum participation limit**
 - ❖ **Must submit completed Pre-Drill Packet and proof of Physical Exam**
-
- ❖ **All marching band meetings, practices/rehearsals have to be conducted in the presence of Marching Band Faculty Sectional Directors**
 - ❖ **Practice hours are limited to 20 hours per week**
-

I have read and understand the criteria noted above.

Signature _____

Date _____



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

Department of Music

TELEPHONE: (850) 599-3024

DOMESTIC Travel Participation Agreement

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of participation in off-campus activities.

References to Florida A&M University (henceforth referred to as FAMU) include Florida A&M University, acting by and through its Board of Trustees, the Florida Board of Governors, the State of Florida, its agents, officers, faculty and employees.

PARTICIPATION AGREEMENT

I, _____ freely choose and/or volunteer to participate in "Trips"
(Print Name)

planned for the Music Department which may occur during the 2023/2024 academic year and covering the time period from August 1, 2023 through July 31, 2024.

I fully understand that FAMU in no way represents, is not an agent of, and has no responsibility for, any third party, including without limitation any sponsor, that may provide any services including food, lodging, travel, or any services associated with the "Trips". I agree to inform myself about the potential dangers of the areas I am traveling to and precautions which should be taken.

I have advised FAMU that there are no health or psychological conditions that preclude my participation in the "Trips". I agree to make personal decisions and conduct my private life in an intelligent, prudent fashion, paying particular attention to local conditions. I agree to assume responsibility for the consequences of my own decisions and actions.

I understand that should I have or develop legal problems with any U.S., foreign nationals or government or other person/entity, I will attend to the matter personally with my own personal funds. I understand that FAMU is not responsible for providing any assistance under such circumstances and FAMU will not act as my legal representative if I am detained or arrested.

I agree that participating in any activity is an acceptance of risk of injury or death and property loss or damage. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for the "Trips" and to provide what I will need. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices which may be employed to minimize the risk of harm.

CONTINUE WITH THE NEXT PAGE – Page 1 of 6

I am also aware that there is certain behavior that is unacceptable and could lead to possible disruption of my participation in the "Trips". I assure FAMU that I shall act in an appropriate manner at all times. Such behavior shall include times when in the company of other participants on the "Trips" **and** when I may be physically separated from the other participants on the "Trips".

As a FAMU **student** or **employee**, I will abide by the University's Codes of Conduct while on the "Trips". I will not wear, use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in the "Trips".

Initial _____

CONTINUE WITH THE NEXT SECTION

INFORMED CONSENT AGREEMENT

I understand that despite precautions taken, accidents and injuries may occur. I also understand that travel and other activities undertaken during the "Trips" may be potentially dangerous and that I may be injured and/or lose or damage personal property as a result of my participation. Therefore, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of participating in an activity or contact physical surroundings or other persons; arising from travel by air, car, boat, bus, train or any other means.
- Death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority.
- Theft of or loss of my personal property while in transit or during the "Trips".
- Natural disaster, weather, strikes, wars, hostilities or other disturbances, and alteration or cancellation of the "Trips" due to such causes.

I acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness or injury, weather, strikes, or other unforeseen causes. I acknowledge and understand that FAMU assumes no liability whatsoever for any loss, damage, destruction, theft or the like to Participant's luggage or personal belongings, and that Participant has retained adequate insurance or has sufficient funds to replace such belongings and will hold FAMU harmless therefrom.

I also acknowledge and understand that in the event I become detached from the "Group" during any of the "Trips", fail to meet a departure bus, airplane, or train, or become sick or injured, I will bear all responsibility to seek out, contact, and reach the "Group" at its next available destination, and that I shall bear all cost required to seek out, contact and reach the "Group" at its next available destination.

I further acknowledge that the aforementioned is not inclusive of all possible risks associated with the "Trips" and in no way limits the extent or reach of this release and covenant not to sue. I further understand that participating in the "Trips" is an acceptance of risk of injury or death and property loss or damage.

Initial _____

CONTINUE WITH THE NEXT SECTION

MEDICAL CONSENT AND LIABILITY RELEASE

I understand and agree that FAMU does not have medical personnel available at the location of the "Trips", during transportation, or anywhere in a foreign country.

I hereby grant permission for emergency medical service to be rendered as deemed necessary. I do hereby voluntarily consent and authorize FAMU, in the event of an accident, illness or injury to take whatever measures and actions considered necessary and warranted under the circumstances to protect, safeguard and minimize further injury to my health and safety. I understand that such actions may involve or require placement in a hospital or another medical facility for services and treatment. For these expenses I accept total responsibility. Any transportation expenses by any mode will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that FAMU has to exercise the above voluntarily given medical authorization and consent, that I hold harmless, release and forever discharge FAMU from any and all liability, damages, claims and demands whatsoever, including attorneys' fees and court cost, which I or any heir or assigned will make.

I am aware of my personal needs and hereby assure the University that I have consulted with a medical doctor, as I may have deemed necessary, with regard to any personal needs. Further, I am aware that the University cannot be responsible for attending to any medication needs of the undersigned.

Initial _____

CONTINUE WITH THE NEXT SECTION

FAMU'S RIGHTS AND POWERS

FAMU reserves the right and power to cancel without penalty the offering and conduct of the "Trips" and to withdraw any part of the "Trips", and to make any alterations, deletions, or modifications in the itinerary of the "Trips" as deemed necessary by FAMU.

Initial _____

CONTINUE WITH THE NEXT SECTION

RELEASE FROM LIABILITY, INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the "Trips", I agree, to the fullest extent permitted by law, to **FOREVER RELEASE** and on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, **HEREBY DO FOREVER RELEASE** FAMU from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I or my spouse, heirs, representatives, executors, administrators and assigns may now have, or have in the future against FAMU on the account of personal injury, bodily injury, property damage, death, accident or loss of any kind, arising out of or in any way related to my participation in the "Trips" and/or the use of facilities, equipment, or services in association with the "Trips" howsoever the injury or loss is caused, whether by the negligence of FAMU or otherwise.

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the "Trips", I **COVENANT NOT TO SUE** and agree to **INDEMNIFY AND HOLD HARMLESS** FAMU from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my participation in the "Trips" and my use of facilities, equipment, or services in connection with the "Trips".

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the "Trips" and the use of facilities, equipment, or services in association with the "Trips", and that I am voluntarily assuming all risks, whether known or unknown.

I understand that I will be solely responsible for any loss or damage, including death, which I sustain or cause, whether in whole or in part, while participating in the "Trips" and my use of facilities, equipment, or services in association with the "Trips", and that by this agreement I am relieving FAMU of any and all liability for such loss, damage or death.

My signature indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen (18) years of age and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will and fully intending to be legally bound by the same. This agreement is made in full, adequate and complete consideration of my participation in the "Trips".

This agreement shall be construed and enforced in accordance with the laws of the State of Florida, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Florida, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Initial _____

CONTINUE WITH THE SIGNATURE PAGE

******NOTE: Parents Must Sign page 5 of the document if student is under the age of 18.******

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Participant name Printed:

Student I.D. Number

Signature (if 18 years of age or older):

Date:

Address (Please include physical address, city, state, and zip code):

Telephone Number(s):

Pre-existing allergies, illness or injuries:

Print name of Parent / Guardian (if Participant is under 18 years of age or a dependent child):

Signature:

Date:

Address:

Telephone Number (s):

Emergency Contact Information For Participant

Name:

Address (Please include physical address, city, state, and zip code):

Telephone Number(s):

Participant and Parent signatures need not be notarized but must be witnessed.

Witness name Printed: _____

Signature of Witness: _____

Date: _____

Address (Please include physical address, city, state, and zip code):

Telephone Number (S): _____

****ORIGINAL DOCUMENT MUST BE KEPT IN THE OFFICE OF THE UNIT SPONSORING THE TRIPS****



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

Department of Music

TELEPHONE: (850) 599-3024

WAIVER AND RELEASE OF LIABILITY FLORIDA A&M UNIVERSITY

THIS IS A RELEASE OF YOUR RIGHTS REGARDING SPONSORED TRIPS, BAND, INTRAMURAL SPORTS, DANCE, AEROBIC AND RELATED PHYSICAL ACTIVITIES AT FLORIDA A&M UNIVERSITY.

PLEASE READ CAREFULLY

Event/Team: **Music Department Sponsored Events/Trips**

Sports/Activities: **ALL TRIPS/PERFORMANCES/ACTIVITIES/EVENTS OCCURRING DURING THE FOLLOWING TIME PERIOD: August 1, 2023 THROUGH July 31, 2024**

Sponsor/Advisor/Team Captain: **Dr. Shelby Chipman**

Phone #: **(850) 599-3024**

In consideration for the acceptance of my entry into or voluntary participation in **trips/performances/activities/events** occurring during the stated time period, I/We hereby release, waive and discharge any and all demands and claims for, but not limited to, damages, personal injury, property damage, illness, death or loss which I may have or which hereafter accrue to me, against Florida A&M University, its trustees, employees and agents, Florida Board of Governors, Florida Department of Education and the State of Florida due to my participation in or as a result of the **trips/performances/activities/events**. This release will discharge and hold the above stated parties harmless from and against any and all liability and demands (including attorney fees and court cost) arising out of or connected in any way with my participation in or as a result of the above mentioned **trips/performances/activities/events**, even though that liability may arise out of negligence on the part of persons or agencies mentioned above.

I/We further understand that damages, accidents, injuries or death could arise out of participation or as a result of the above mentioned **trips/performances/activities/events**. Knowing this, I hereby agree to assume those risks and to release and hold all agencies and persons mentioned above harmless who (through negligence or carelessness) might otherwise be liable to me, my heirs or assigns. It is further understood and agreed this disclaimer, release, waiver and assumption of risks, is to be binding on my heirs and assigns.

I hereby **affirm** that I am **18 years old or older** and **my signature** below affirms that I agree with the above statement for my volunteer participation in the proposed **trips/performances/activities/events**.

Student's Printed Name: _____ **Student I.D. No.:** _____

Signature: _____ **Date:** _____

*******If Student Is Younger Than 18:*******

Student (Printed Name): _____ **Student I.D. No.:** _____

Parent (Printed Name): _____

Parent Signature: _____ **Date:** _____



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

TELEPHONE: (850) 599-3024

Department of Music

Waiver Release Form for Students Who Elect To Depart from the Department of Music sponsored "Trips" {i.e., including the Rattler Express/Student Government Association (SGA) Bus Group} at Any Time During The Duration of the Trips Occurring During The Time Period: August 1, 2023 through July 31, 2024

I, _____, ID# _____
(Student's Name- Please Print)

HEARBY ATTEST THAT I am _____ years of age and I will be departing and /or separating from the Department of Music sponsored "Trips" (i.e. Group) prior to or upon arrival to the hotel/event or shortly thereafter.

I FUTHER ATTEST that I freely and willingly hold HARMLESS AND RELEASE, the State of Florida, the Department of Education, the Florida Board of Governors, the Florida A&M University Board of Trustees, the Florida A&M University and its employees, Rattler Express and the Florida A&M University Student Government Association of any and all actions arising from and/or concerning my departing or separating from the "Group" at any time during the "Trips".

Student Signature (REQUIRED)

Date

****IF STUDENT IS UNDER 18 YEARS OF AGE, PARENT MUST SIGN AS WELL****

Parent Name (Printed): _____

Parent Signature: _____ Date: _____

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PLEASE READ CAREFULLY

MEDICAL CONSENT FORM

(THIS FORM MUST BE NOTARIZED!!!!!!!)

I hereby grant permission for emergency medical service to be rendered as deemed necessary to my child (or myself). I do hereby voluntarily consent and authorize FAMU, in the event of an accident, illness or injury to take whatever measures and actions considered necessary and warranted under the circumstances to protect, safeguard and minimize further injury, health and safety. I understand that such actions may involve or require placement in a hospital or another medical facility for services and treatment. Any transportation expenses by any mode will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that FAMU has to exercise the above voluntarily given medical authorization and consent, that I hold harmless, release and forever discharge FAMU from any and all liability, damages, claims and demands whatsoever, including attorneys fees and court cost, which the undersigned, any heir or assigned has made.

Finally, I hereby declare and represent that I have read this statement, understood its contents, execute it of my free will and choice, and agree to be legally bound by it.

Initial _____

CONTINUE WITH NEXT SECTION

NAME: _____
LAST FIRST MI

STUDENT ID NUMBER: _____

INSTRUMENT: _____

LIABILITY RELEASE

By signing this *MEDICAL CONSENT and LIABILITY RELEASE*, I assume any and all liability for any accident, injury, illness, damages or loss that may occur during participation or as a result of participation in the band programs and/or related activities at FAMU.

In consideration for the acceptance into or voluntary participation in the above stated activity/program, I/We hereby release, waive and discharge any and all demands and claims for, but not limited to, damages, personal injury, property damage, illness, death or loss which I may have or which hereafter accrue to me, against FAMU due to participation in or as a result of the above mentioned activity/program. This release will discharge and hold FAMU harmless from and against any and all liability and demands (including attorney fees and court cost) arising out of or connected in any way with participation in or as a result of the above-mentioned activity/program, even though that liability may arise out of negligence on the part of persons or agencies mentioned above.

I/We further understand that damages, accidents, injuries or death could arise out of participation or as a result of the above-mentioned activity/program. Knowing this, I hereby agree to assume those risks and to release and hold all agencies and persons mentioned above harmless who (through negligence or carelessness) might otherwise be liable to me.

I/We fully understand and agree this disclaimer, release, waiver and assumption of risk, is to be binding on my heirs and assigns.

I HAVE READ THIS ENTIRE RELEASE. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

Print: Name of Minor or Participant (if under 18 years olds) _____

Minor's Date of Birth _____

Print: Name of Parent, Legal Guardian or Custodian

Print Name of Participant (if 18 years old or older)

Signature of Parent, Legal Guardian or Custodian _____ **Date** _____

Signature of Participant (*if 18 years or older*) _____ **Date** _____

Address _____
Street Apt. City State Zip

Phone Number(s): Home _____ **Cell** _____

Name of Emergency Contact Person - (Required): _____

Emergency Contact Person Telephone No. - (Required) _____

Sworn to and subscribed before me this _____ **day of** _____ **20** _____.

**-SEAL-
Notary Public**

My Commission Expires: _____

FAMU Regulation 2.028, Anti-hazing Agreement & Waiver

(1) Florida Agricultural and Mechanical University ("University") strictly prohibits any student(s), group(s) of students, or student organization(s) affiliated with the University from engaging in any form(s) of hazing activities. Moreover, the University has zero tolerance for violation of any provisions of the Anti-hazing Regulation 2.028. "Zero tolerance" means that given the factual circumstances of the alleged violation, the charged student may be removed from University Housing and receive a penalty up to suspension or expulsion from the University.

(a) Due process protections in accordance with University Regulation 2.013 will be appropriately accorded the charged student.

(b) "Student" is given the same meaning herein as it is defined in the Student Code of Conduct, Regulation 2.012.

(c) "Engaging" is defined herein and prohibited by this Regulation as anyone who (i) perpetrates hazing activities by planning and/or executing the hazing activities; (ii) is the object of or consents to hazing activities; or (iii) observes or has knowledge of hazing activities and fails to report the incident within twenty-four (24) hours as required.

(d) This Regulation is incorporated into University Regulation 2.012.

(2) The term hazing shall include, but not be limited to, pressuring or coercing the student into violating state or federal law, any brutality of a physical nature, such as striking in any manner, whipping, beating, branding, exposure to the elements, forced consumption of food, liquor, drugs, or other substances, or other forced physical activities that would adversely affect the health or safety of the student and also includes any activity that would subject the student to extreme mental stress, such as sleep deprivation, forced exclusion from social contacts, forced conduct that would be demeaning or results in extreme embarrassment or any other forced activity that could adversely affect the mental health or dignity of the student. Hazing does not include customary athletic events or other similar contests or competitions or any activity or conduct that furthers a legal and legitimate objective. For purposes of this section, any activity as described above, or any action or situation that recklessly or intentionally endangers the mental or physical health or safety of a student for purposes, including, but not limited to, initiation or admission into or affiliation with a University sanctioned organization, shall be presumed to be hazing and a "forced activity."

(a) It shall not be a defense that the consent of the victim to participate was obtained, the conduct or activity was not part of an official University organizational event or was not otherwise sanctioned or approved by the University organization, or the conduct or activity was not done as a condition of membership to a University organization.

(3) Any student found in violation of this Regulation from conduct occurring on-campus or off-campus will be subject to appropriate sanctions by the University, which may include but is not limited to: the imposition of fines; withholding of grade(s), transcripts and/or diplomas pending payment of fines or compliance with the Student Code of Conduct, Regulation 2.012; the imposition of counseling, probation, suspension, or expulsion of said person(s) or organization(s), the rescission of certification for the University organization(s); and/or removal from University Housing.

(4) All penalties imposed by the University do not absolve the student(s), group(s) of students, or student organization(s) from any penalty imposed for violation of the criminal laws of the State of Florida, including but not limited to such criminal penalties prescribed in section 1006.63, Florida Statutes, for penalties imposed in civil proceedings or for violation of any other University Regulation(s) to which the charged student(s) may be subject.

(5) All University certified organizations are required to include in their by-laws an anti-hazing section fully incorporating this Regulation. A copy of the by-laws shall be kept on file in the Office of Student Activities. Advisors and each member of a University certified organization must attend one Fall semester and one Spring semester hazing workshop each academic year.

(6) Any person, including trustees, administrators, faculty, staff, students, members of direct support organizations, vendors, guests and volunteers having knowledge of or receiving information regarding any activity which may constitute hazing or a violation of this regulation must contact the FAMU Department of Public Safety at (850) 599-

3256 or www.stophazingatfamu.com within twenty-four (24) hours of gaining such knowledge or receiving information. Any person who fails to report any activity of hazing shall be in direct violation of this regulation.

(7) It shall be expressly prohibited for any person, including trustees, administrators, faculty, staff, students, members of direct support organizations, vendors, guests and volunteers, to retaliate against a person because that person has been a victim of hazing, reported hazing, refused to participate in hazing, assisted in the investigation of hazing, or participated in the prosecution of any alleged hazing.

(8) Any person who has experienced retaliation for reporting any activity, which may constitute hazing or a violation of this regulation, shall have the right to file a retaliation complaint with the Division of Audit and Compliance within twenty-four (24) hours of becoming aware of the act of retaliation at (866) 445-4968.

Specific Authority: Article IX, Section 7(c), Florida Constitution 001.74(4), FS. Law Implemented 1001.74(10)(d), (e), 1006.60, 1006.61, 1006.62, 1006.63 FS. History—New 4-3-83, Formerly Rule 6C3-2.028, Amended 1-26-04, 5-9-12. Amended 7-15-13.

I have read all of the above FAMU Regulation, 2.028, Anti-Hazing and I understand what constitutes hazing as well as my reporting responsibilities. I am fully aware that hazing is a violation of FAMU policy and Florida law and is a serious offense. I know that such practices are unlawful, harmful and have NO place at FAMU. I willingly agree NOT to participate in any hazing activities either as a hazer or hazee, on or off campus. Hazing is not a part of my education or initiation/membership into any club or organization

I fully understand that hazing is prohibited and my participation in any hazing activities as a hazer or hazee will result in University sanctions. Such sanctions may include but are not specifically limited to, suspension, dismissal or expulsion from the University and loss of membership in the club or organization. I also fully understand that any club or organization wherein hazing activities occurred will be subject to University sanctions. Such sanctions may include but are not specifically limited to: suspension, dismissal or expulsion from the University campus.

If I become aware of or receive any information regarding any activity that may constitute hazing, I MUST contact the FAMU Department of Public Safety (Police) Department at (850) 599-3256 within 24 hours upon having knowledge of or receiving the information.

Knowing the dangers, hazards, and risks of hazing, on my behalf and that of my family, heirs, and personal representatives or administrators, I assume all risks and responsibilities surrounding any participation in hazing activities as the hazer, hazee, or an observer who failed to report the incident within twenty-four (24) hours of observing the incident of hazing, and I release, waive, forever discharge, and covenant not to sue Florida A&M University, Florida A&M University Board of Trustees, Florida Board of Governors, or the State of Florida, or its officers, agents, and employees, as a result of any harm, injury, damage, delays, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may accrue to me, arising out of or related to any loss, damage, or injury, including, but not limited to suffering and death, that I or any of my property may sustain while participating in any hazing activities.

Printed Name

Signature

Date

Student I.D. No. _____

**PHOTOGRAPHY/VIDEO CONSENT, RELEASE AND COVENANT NOT TO SUE
FLORIDA A&M UNIVERSITY**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself, my heirs, administrators, executors, or assigns, hereby agree that the Florida A&M University Board of Trustees ("FAMU" or "University") and its agents shall have the right:

- (a) to record my participation, appearance, image, likeness, silhouette, and voice on video, audio, film, photographic, digital, electronic or any other medium existing or hereafter invented and at its option to use of my name in connection with such recordings or by descriptive text or commentary; and
- (b) to use, reproduce, edit, crop, retouch, otherwise reasonably alter, exhibit, distribute or publish these recordings in whole or in part in perpetuity in any and all media throughout the universe, including but not limited to print, electronic, video, CD-ROM, advertisements, Internet or in any other medium existing or hereafter invented.

I hereby unconditionally and irrevocably consent to the University's, and those acting on its behalf, authority use of such recordings for any legal purpose the University deems appropriate for the benefit of the University, including commercial and advertising purposes. I understand that by so agreeing and consenting, I have forever waived (i) any right to require payment from the University for use of these materials by it or those acting pursuant to its authority and (ii) the right to object to the use of such materials for any purpose permitted by this Consent and Release, including, without limitation, the license or sale of such materials by the University and the University publishing, printing, displaying, exhibiting, distributing or otherwise publicly using any such materials for any legal purposes. Furthermore, I understand and agree that any intellectual property rights associated with such recordings are the sole property of the University as well as any other rights, title and interest in any and all results and proceeds associated with such use. However, the University is not obligated to make any use of or exercise any of the rights granted herein.

I hereby release and hold harmless FAMU, the Florida Board of Governors, the State of Florida and their employees, agents, and personnel for, from, and against any and all claims, demands, actions, causes of action, suites, costs, expenses, liabilities, and damages whatsoever that I may hereafter have, from liability for any violation of any personal or proprietary right I may have (including, but not limited to, claims for compensation, royalties, invasion of privacy, misappropriation, or defamation) arising out of the use of my appearance, image, likeness, voice or name in any medium and expressly waive any rights to privacy I may have under the Family Educational Rights and Privacy Act ("FERPA") and/or §1002.225, Florida Statutes pursuant hereto and furthermore covenant not to sue the University.

I have read and understand the terms of this Consent, Release and Covenant Not to Sue and I represent that I am, am not (circle one) eighteen years of age or older. If the individual is under the age of eighteen (18), his/her parent/guardian must sign below.

Signature: _____

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____



Florida Agricultural and Mechanical University

Tallahassee, Florida 32307-4400

MEMORANDUM

TO: All Band Members

FROM: Dr. Shelby Chipman
Director of Marching and Pep Bands

DATE: May 1, 2023

RE: **PHYSICAL EXAMINATION**

YOU MUST SUBMIT PROOF OF PHYSICAL EXAMINATION FROM YOUR PHYSICIAN, WHICH STATES THAT YOU ARE PHYSICALLY ABLE TO PARTICIPATE IN MARCHING BAND. YOU MUST ALSO SUBMIT THE INSURANCE AND MEDICAL CONSENT AND LIABILITY RELEASE FORMS. YOU WILL NOT BE ABLE TO PARTICIPATE IN ANY BAND ACTIVITIES, TO INCLUDE MUSIC AND FIELD REHEARSALS WITHOUT THESE SIGNED FORMS.

PLEASE COMPLETE AND SUBMIT THESE FORMS NO LATER THAN
June 30, 2023.



Florida A&M University Athletic Pre-Participation History



The National Collegiate Athletic Association's policies recommend that all student-athletes have a qualifying medical evaluation upon initial entrance into an institution's athletic program, and an annual "health status" review. Florida A&M University supports this NCAA policy. Further medical evaluations may be required for specific matters.

Name _____ FAMU ID # _____ Date _____
Gender (M/F): _____ Age: _____ DOB: _____ Sport: _____
Year of Athletic Participation at Florida A&M University: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

I consent to proceed with this athletic physical exam or screening. I certify that all information I give during the course of this examination is true and correct. I understand that passing the physical examination does not necessarily mean that an athlete is qualified to engage in athletics, but only that the medical evaluation did not find a medical reason to disqualify the athlete at the time of said examination. My signature affirms that I have read and understand the material above and have been given an opportunity to ask questions.

Athlete's Signature

Date

Mark Yes or No and circle the questions you don't know the answer to:

	Yes	No		Yes	No					
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you had an illness or injury in the past year that required overnight hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>					
2. Have you ever been diagnosed or treated for high blood pressure or diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have you had any illness or injury that required surgery?	<input type="checkbox"/>	<input type="checkbox"/>					
3. Have you ever been told you have an irregular heart beat, heart murmur or other heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have you ever had any broken or fractured bones or dislocated joints? If yes, circle below.	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you or any family member have Marfan's Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below.	<input type="checkbox"/>	<input type="checkbox"/>					
5. Has any family member died before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	Head	Neck	Shoulder	Upper Arm	Elbow	Fore-Arm	Hand/Fingers	Chest
6. Have you ever been diagnosed with asthma, other respiratory ailment or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Upper back	Lower back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/toes
7. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you wear glasses or contact lenses when playing your sport?	<input type="checkbox"/>	<input type="checkbox"/>					
8. Are you allergic to any medications, insect stings or insect bites?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you wear protective eye wear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>					
9. Have you ever been diagnosed with anemia or having an iron deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you wear dental appliances or wear a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>					
10. Have you been diagnosed with hepatitis in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	22. Are you taking any prescribed or over-the-counter medication on a regular or continuous basis?	<input type="checkbox"/>	<input type="checkbox"/>					
11. Have you been treated for any infectious virus in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	23. Are you, your parents or grandparents of African American, African, Hispanic, Arab, Greek, Italian or East Indian descent?	<input type="checkbox"/>	<input type="checkbox"/>					
12. Have you ever felt faint or passes out with exercise or in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have you ever been told you have sickle cell disease or trait?	<input type="checkbox"/>	<input type="checkbox"/>					
13. Have you ever been knocked out or had a concussion within the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY							
14. Have you ever had any type of seizure or informed that you may have epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you have or have you had any menstrual irregularities?	<input type="checkbox"/>	<input type="checkbox"/>					
			26. Date of last menstrual period _____							

Explain "Yes" answers here (use additional page if necessary): _____

**Florida A&M University
Athletic Physical**

Athletic Physical Examination	Name: _____ ID # _____ Incoming: _____ Returning: _____
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Height: _____ Weight: _____ Pulse: _____ BP: _____
 Vision: w/correction: R _____ L _____ w/o correction R _____ L _____

	NORMAL	ABNORMAL
MEDICAL		
Skin		
Head		
Eyes		
Ears		
Nose		
Throat & Mouth		
Teeth		
Neck		
Lungs & Chest		
Heart		
Abdomen		
Hernia (male athletes)		
OB/GYN discussion		
MUSCULOSKETAL		
Neck		
Back/Spine		
Shoulders/arms		
Elbows/forearms		
Hips		
Quadriceps/Hamstrings		
Knees/Legs		
Ankles		
Feet/toes		
LABORATORY (please attach copies)		
Sickle cell screen		
Other:		

- ☐ This athlete is cleared to participate in sport with no restrictions.
☐ This athlete is cleared to participate in sport with the following specifications: _____
☐ This athlete may not participate in sport for the following reasons: _____

Provider Signature: _____ **Date:** _____

Physician Signature _____ **Date** _____ **Office Stamp (Address/Phone/Fax # mandatory)** _____