



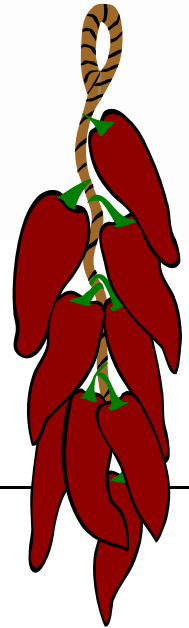
CATCH THE WAVE OF GIVING

3rd Annual S.E.C.C. Chili Cook-Off Registration

\$10.00 per Participant Entry

Registration Deadline: Friday, Oct. 19, 2007

Event Date: Thursday, Oct. 25, 2007



Entry Category:

Please Check
One

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

TWU's Hottest Chili

TWU's Best Tasting Chili

TWU's Best Vegetarian Chili

Participant Name _____ E-mail _____

Title _____ TWU Affiliation _____

Address _____

Office Phone _____ Office Fax _____

Please initial the following:

_____ I agree to set up my chili or have it set up in Magee Arena by 10:00 am, Oct 25, 2007

_____ I agree to serve samples or find a replacement server to sample from 11:00 am to 12:45 pm

Please return registration form, waiver and \$10.00 entry fee to Sheri Dragoo in Fashion and Textiles by 3:00 pm, Oct. 19, 2007. (Checks should be written to TWU SECC.)

TEXAS WOMAN'S UNIVERSITY
SECC Chili Cook-Off
Event Waiver



Participant's Name: Last: _____ First: _____
Department: _____

As a participant in the above named activity at Texas Woman's University, I represent that I am able to participate in the event. In consideration of being allowed to participate in the event, I hereby release the State Employee Charitable Campaign (SECC), the organizers and sponsors of this event, the University, its employees, officers and Regents from all claims resulting from illness, injuries or other damage which may be sustained by me during attendance at this event. I furthermore agree and promise that I will not hold the University or any of the above parties responsible in this respect. In the event of injuries or illness, I hereby authorize TWU representatives to obtain assistance from doctors, nurses or trainers for medical, surgical or any other appropriate treatment. Furthermore, I grant permission and consent for the attending physician to provide any medical/surgical care if necessary. I will not hold SECC, the organizers of this event, Texas Woman's University, its employees, or Regents responsible or liable for the judgment of and/or treatment by the physician. I understand that SECC, the organizers of this event, and Texas Woman's University cannot assume responsibility for medical, dental, or other health expenses incurred as a result of my participation. Further, I hereby grant full permission to all persons associated with this event to use any photographs, videotapes, motion pictures, recordings or any other record of this event involving myself for any purpose whatsoever.

Signature of participant: _____ Date: _____
Phone#: _____ Department: _____

In case of emergency, notify: _____
Relationship: _____

Where may this person be reached during the event? _____
Phone#: _____ Location: _____
Cell Phone#: _____