

CARL ALBERT STATE COLLEGE "TAKE YOUR BEST SHOT" VACCINATION CONTEST/CAMPAIGN  
AMENDED RULES AND REGULATIONS

Any student providing proof of full vaccination before November 12, 2021 shall be receive the following:

- \$100 gift card:
  - Student must present a vaccination card verifying full vaccination on or before Friday, November 12, 2021.
- To receive a \$100 gift card, students may show proof of vaccination at
  - Poteau Campus: Student Affairs Office
  - Sallisaw Campus: Educational Opportunity Center (EOC) in front area of Mayo building
  - Electronically: Completed form and scanned vaccination card emailed to [kxiong@carlalbert.edu](mailto:kxiong@carlalbert.edu) or [ecraible@carlalbert.edu](mailto:ecraible@carlalbert.edu).
  - Each student providing proof of vaccination will be provided an ID # that will be used during the final prize drawings.

\*Vaccination proof will be scanned and saved by CASC Staff\*

Any student providing proof of full vaccination status on or before November 12, 2021, shall receive a \$100 gift card AND be placed into the grand prizes drawing to be held during the week before Thanksgiving Break. The following prizes will be included:

- 1 X-Box
- 1 Playstation
- 3 TV's
- 1 IPAD
- 1 set of AirPods

#### Rules

- Must present vaccination card to be placed in the drawing- must be fully vaccinated and provide proof
  - By providing vaccination card, students give CASC staff permission to internally document the following details of vaccination card:
    - 1<sup>st</sup> and 2<sup>nd</sup> dose lot number
    - 1<sup>st</sup> and 2<sup>nd</sup> dose administration location
    - 1<sup>st</sup> and 2<sup>nd</sup> dose date
  - Students shall be required to provide proof of vaccination to:
    - Poteau Campus: Student Affairs Office
    - Sallisaw Campus: Educational Opportunity Center office in the Student Service Center office suite, front area of the Mayo building.
- \*Vaccination proof will be scanned and saved by CASC Staff\*
- May fill out exemption form to participate
  - Student must be currently enrolled for fall 2021 semester
  - Winning names will be drawn by Student Affairs staff during the week prior to Thanksgiving Break. Student must retain the ID # provided to them upon providing proof of vaccination.
  - Winners will be contacted by Student Affairs once eligibility has been verified. Their ID number and prize will be announced publicly on CASC social media channels. The winner must respond to notification of the win within 10 business days or they will be disqualified and a new winner will be chosen, based on the established judging criteria.

- If a student's original vaccination card has been lost, stolen, or destroyed, a replacement vaccination card or valid proof of vaccination will be accepted in place thereof and will be subject to all requirements, permissions, and restrictions of the contest/campaign rules and regulations.  
\*Replacement vaccination card/valid proof of vaccination will be scanned and saved by CASC Staff\*

Anyone who receives any prize valued at \$600 or more will receive an IRS 1099 form and will be responsible for the taxes on the gift. International students who receive any prize will receive an IRS 1042 form and will be responsible for the taxes on the gift. Some prizes may affect a student's financial aid package. Prizes are not transferable. Students who accept a prize agree to allow their name and/or likeness to be used to publicly announce their prize status. Prizes may be subject to certain date restrictions.

By entering this contest, the student hereby grants to CASC and its affiliates\* the right to take their picture and to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of them ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto. Carl Albert State College reserves the right to modify or change the vaccine incentive contest rules at any time. Contest is subject to all applicable United States federal, state, and local laws and regulations.

By hosting this contest, CASC in no way endorses or sponsors any manufacturer of vaccinations. By entering this contest, the student is choosing to voluntarily receive the vaccination(s) and assumes all liability therefore. CASC is not responsible for any injuries or illnesses occurring as a result of a student obtaining vaccinations and entering this contest.

CARL ALBERT STATE COLLEGE "TAKE YOUR BEST SHOT" VACCINATION CONTEST/CAMPAIGN COVID-19  
VACCINATION ELECTRONIC SUBMISSION

By my signature, I confirm that I understand that I am voluntarily choosing to provide my vaccination proof electronically and certify and affirm that the information and vaccination proof provided is true, accurate, and complete.

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Print Name

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Signature Date

CARL ALBERT STATE COLLEGE "TAKE YOUR BEST SHOT" VACCINATION CONTEST/CAMPAIGN  
COVID-19 VACCINATION EXEMPTION/DECLINATION REQUEST FORM

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

The Carl Albert State College "Take Your Best Shot" contest and vaccination campaign are open to all CASC students who are fully vaccinated, and enrolled for the fall 2021 semester. Students who are unable to receive the vaccine due to medical conditions or sincere religious objections are eligible to participate in the contest and be entered to win prizes upon completion and submission of this form. Exempt students are not eligible for the \$100 gift cards, but are eligible for the grand prize drawings.

Please submit completed form and supporting documentation to [kyxiong@carlalbert.edu](mailto:kyxiong@carlalbert.edu) or [ecraible@carlalbert.edu](mailto:ecraible@carlalbert.edu).

I decline to receive the COVID-19 vaccination due to one of the following reasons (please initial):

\_\_\_\_\_ I have been advised by my health care provider that, due to a medical contraindication, I am unable to receive the COVID-19 vaccination. (Please attach supporting documentation signed and provided by a licensed physician, nurse practitioner, physician assistant, or other licensed health care provider.)

\_\_\_\_\_ I have a sincere religious objection to receiving a COVID-19 vaccination. (Please attach a written and signed statement outlining the religious basis for your declination of the COVID-19 vaccine and the religious principle(s) guiding your objections to a COVID-19 vaccine).

FURTHER, I understand and acknowledge the following:

\_\_\_\_\_ I will submit with this form the supporting documentation of the reason stated above to designated email address.

By my signature, I confirm that I understand that I am voluntarily choosing to provide an exemption/declination of the COVID-19 vaccine. I have read and fully understand all of the information on this form, and I hereby certify and affirm that the above information is true, accurate, and complete.

PRINTED NAME OF STUDENT OR LEGAL GUARDIAN \_\_\_\_\_

SIGNATURE OF STUDENT OR LEGAL GUARDIAN \_\_\_\_\_

DATE: \_\_\_\_\_

PARENTAL CONSENT OF CARL ALBERT STATE COLLEGE CONCURRENT STUDENTS FOR PARTICIPATION IN  
"TAKE YOUR BEST SHOT" VACCINATION CONTEST/CAMPAIGN

I, \_\_\_\_\_ hereby give consent for Carl Albert State College to collect vaccination information on my minor child, \_\_\_\_\_, for the purpose of my child's eligibility to participate in CASC's COVID-19 vaccination incentive program.

Please initial where applicable:

\_\_\_\_\_ I understand that by choosing NOT to give consent for CASC to collect my child's vaccination card information, this prohibits my child from participation in the incentive program.  
***(initial if declining permission)***

\_\_\_\_\_ I understand that by giving consent, CASC shall scan my child's COVID-19 vaccination card and retain for incentive program purposes. By my initials, I give permission for this to occur.

If a student's original vaccination card has been lost, stolen, or destroyed, a replacement vaccination card or valid proof of vaccination will be accepted in place thereof and will be subject to all requirements, permissions, and restrictions of the contest/campaign rules and regulations.

\*Replacement vaccination card/valid proof of vaccination will be scanned and saved by CASC Staff\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of minor child

\_\_\_\_\_  
Child's DOB