

Fox 47's Nurses Touching Lives

Presented by WMSN

OFFICIAL ENTRY FORM

As a condition of participating in *Fox 47's Nurses Touching Lives* presented by Sinclair Television Company Inc., which owns or programs television broadcast station WMSN-TV FOX Madison WI, I warrant represent, acknowledge and agree as follows:

1. I hereby grant Sinclair Television Company Inc., Sinclair Broadcast Group, Inc. (collectively "Sinclair"), the judges, their respective parent, subsidiary and affiliated companies, and the advertising, fulfillment and promotion agencies, agents and representatives of each, as well as the directors, officers, employees, agents and representatives of each and their designees, assignees and licensees (hereafter, collectively, the "Companies"), the worldwide and perpetual right and authority to use, publish, display and reproduce my name, video, photograph, and other likeness and/or any biographical information I may provide, and any statement I make concerning the promotion or the prizes in any and all media, in perpetuity, for the purpose of trade promotion and/or otherwise, without notification or additional compensation, except where prohibited by law.
2. In the event that the essay is used for promotional purposes, the Companies reserve the right to reproduce it in full or otherwise edit or modify it for reproduction at their discretion. I agree that the essay submitted with my entry form for this promotion shall become the property of Sinclair.
3. I further agree that I am the parent or legal guardian of any minor that may write the essay that I submit, as part of my essay and I hereby authorize the use of such essay.
4. On behalf of myself, my relatives, heirs, assignees, executors and administrators, I hereby permanently, irrevocably and forever waive any and all claims, liabilities, losses and damages (including but not limited to court costs and attorney's fees) now or in the future of any kind and nature whatsoever (collectively "Claims") against the Companies, and their predecessors and successors in interest, assignees, licensees and designees (the "Released Parties") relating any way to: (i) the promotion, including and contest therein; (ii) any personal injury, property damage, use of my name or physical likeness as describe herein, or any other injury, damage or loss resulting from the promotion, or any travel I undertake in connection with the promotion, and forever release and discharge the Released Parties from any and all liability with respect thereto. I further agree that I will indemnify and hold the Released Parties harmless from and against all Claims arising out of, connected with or as a result of my breach of this agreement.
5. I further acknowledge that this document along with the official contest rules constitutes the entire agreement and complete understanding of the parties, and that no oral or prior written agreements shall be deemed a part or modification of this agreement. This agreement cannot be modified except by a written instrument signed by an authorized representative of the Companies.

I, the undersigned contestant, hereby certify and represent that I have read the foregoing and fully understand the meaning and the effect thereof, and intending to be legally bound. I have signed this document on the date indicated below.

CONTESTANT'S INFORMATION (Please print legibly)

Your Name: _____ Your Age: _____

Your Address: _____

Your City State and Zip: _____

Your Day Phone: _____ Your Evening Phone: _____

Your Signature: _____ Date: _____

If you are under eighteen (18) years of age, your parent or legal guardian must sign below.

I certify that I am the parent or legal guardian of _____ and on behalf of _____ as well as myself, have read this release and agree to all of its terms.

(Signature of Parent or Legal Guardian)

(Print Name)

What is the contact info for the nurse you are nominating:

Nurse's Name, Nurse's place of work, Nurse's work address and work phone

Sign, scan, and email to contests@fox47.com, or you can mail ALL of these four (4) pages to
FOX 47 NURSE OF THE MONTH
7847 BIG SKY DRIVE
MADISON, WI 53719
Entries must be received by 9/15/08.

It is acceptable to attach pages; just so the word count does not exceed 500.
The two (2) page signed entry & release form must accompany all essay entries.

All nominations must also contain valid contact information for one or more professional references. They must disclose the familial, professional or other basis of the relationship between the nominator, the nominee and two (2) references. The professional references provided must be from licensed nursing professionals, physicians, physician's assistants, or nursing or medical faculty members.

#1 _____
Reference Name, medical facility, street, city, zip, phone number

#2 _____
Reference Name, medical facility, street, city, zip, phone number

