

APPENDIX C

FINAL CLAIM FORM

Event Type: _____

Date of Event: _____

Participant Information:

| | | | |
|------------------|---------------|--|--|
| Name: | | | |
| Address: | | | |
| City: | State/Region: | | |
| Postal/Zip Code: | Telephone: | | |
| Age: | E-Mail: | | |
| Event Location: | | | |

I, _____ attest that on _____, I was successful in achieving the criteria set out in the Appendix A (Official Event Rules) and in accordance with Terms and Conditions of this Certificate.

1. Neither I nor members of my immediate family are employees of the Assured.
2. I am of the age of majority (where applicable).

I agree to the use of my name, photograph and potential appearance in any publicity associated with this Event, the Assured, its affiliates, respective agents, and their respective promotional agencies without further compensation.

Failure to comply with any of the Event terms and conditions shall render the contract null and void and no prize award shall be made. I further certify that the information is correct and that I have read and agree to the Official Event Rules contained in Appendix A of this Certificate. I fully understand that any misrepresentation of fact as to my eligibility, whether intentional or unintentional, shall be sufficient cause to forfeit any prize awarded by the Assured.

Dated this the _____ day of _____, _____.

Signed: _____

Signed: _____

Printed: _____

Printed: _____

(Participant)

(Witness)