



2017 VDAF Celebration – Roaring Twenties Speakeasy Raffle (“Contest”)  
AFFIDAVIT AND RELEASE

**YOU WILL NOT RECEIVE YOUR PRIZE UNTIL YOU SIGN AND RETURN THIS  
AFFIDAVIT TO VDAF**

State of \_\_\_\_\_  
County/City of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state the following:

1. I am \_\_\_\_\_ years of age. My Social Security number is \_\_\_\_\_.  
I reside at \_\_\_\_\_.

2. I am submitting this affidavit to Virginia Dental Association Foundation (“VDAF”), those persons and entities involved in the development, production (including prize suppliers), implementation, sponsorship and distribution of this Contest and their respective parent companies, affiliates, subsidiaries, service providers, and agencies, and their directors, officers, agents, employees, attorneys, and any other person or entity associated with such entities and/or promotion (collectively, the “Contest Persons”) with the understanding that it will be relied upon to determine whether I am eligible to receive a prize in this Contest.

3. I represent that I have complied with all the rules and regulations of this Contest, that I am a legal resident of the United States and that I have committed no fraud or deception in entering or in claiming my prize. I agree to return any prize which may be awarded to me if any statement made by me in this affidavit is false, and I agree to indemnify and hold harmless the Contest Persons and their affiliates against any and all third-party claims or causes of action that may be asserted against any of them in connection with any such false statement.

4. I further represent that neither I, nor any member of my immediate family nor any person living in the same household as me, is an employee, officer or director of VDAF, their parent companies or sister companies, or their promotional or marketing agencies.

5. I understand the prize to be awarded is an intra-oral camera. I understand the prize has an approximate retail value of \$ 3,499.00.

6. I agree to be interviewed and photographed in connection with this Contest, and I grant VDAF and its sublicensed agencies permission to use and reproduce my name, photograph, likeness, and/or statements on their respective websites, on any products and in all media for advertising, publicity, and/or trade purposes, without further compensation, unless prohibited by law. None of VDAF or its sublicensees are obligated to use my name, photograph, likeness or statements.

7. I agree and understand that I am solely responsible for all federal, state, and local income and other taxes due as a result of winning or using this prize, and for obtaining and paying for life, medical, accident, travel, property, or other insurance related to the use of this prize. This Release is governed by Virginia law and I agree that state and federal courts located

in the Commonwealth of Virginia shall have sole jurisdiction over any dispute or litigation arising from or relating to this Contest and that the sole venue for such litigation shall be only in the Circuit Court for the City of Richmond, Virginia or the United States District Court for the Eastern District of Virginia, Richmond Division.

8. I release VDAF, its sublicensees, and all of its and their affiliates, directors, officers, employees, representatives, agents, and agencies ("Released Parties") from any and all liability, losses, damages, claims, and expenses of any nature which I may suffer or incur in connection with the promotion or my acceptance and use of this prize. Released Parties shall not be liable for any claims, damages, losses or injuries, including any third party claims, arising from or relating to, in whole or in part, this Contest, including entry and participation in this Contest and acceptance, possession, use or misuse of the prizes. I agree that in the event of any third party claims, damages, losses or injuries, arising from or relating to my participation in this Contest, I will indemnify and hold the Contest Persons harmless from and against any and all such claims, including reasonable attorneys' fees related thereto.

SIGNED: \_\_\_\_\_  
HOME PHONE #(\_\_\_\_) \_\_\_\_\_  
BUS. PHONE #(\_\_\_\_) \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Personally appeared before me \_\_\_\_\_, with whom I am personally acquainted or who made himself or herself known to me by satisfactory evidence, who acknowledged that he or she executed the above instrument for the purposes therein contained this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_  
Reg. No.: \_\_\_\_\_

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