

## Waiver and Release of Liability

This contest requires the applicant waive and release the Cheese Importers Association of America (CIAA) of all liability if chosen to participate in the Retailer SIAL Paris Educational Trip. Please read carefully, sign and date under the waiver and release below.

*THIS IS A WAIVER AND RELEASE OF LIABILITY. PLEASE READ CAREFULLY. As a participant on a Retailer SIAL Paris Educational Trip, I realize that inherent dangers exist. While in good health and able to fully participate in such activities, I realize my participation may result in illness or injury. Such illness or injury may include disease, strains, sprains, fractures, dislocations, paralysis and/or death. By participating, I hereby and knowingly assume all risk resulting from these activities. On behalf of myself, my family or other personal representatives I hereby agree to release, hold harmless and indemnify the Cheese Importers Association of America (CIAA), its agents, and officers from any and all claims and law suits for bodily injury, property loss or damage, wrongful death, loss of services etc. which may result from my participation in the above mentioned activities, regardless of whether or not these claims or suits arise from negligent acts or omissions by the Cheese Importers Association of America (CIAA), the leaders or facilitators of the activity, employees or volunteers, another participant, any other person involved, or from any other cause.*

*I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE RELINQUISHED SUBSTANTIAL RIGHTS BY SIGNING IT AND DO SO VOLUNTARILY.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Employer Permission

If chosen to participate, the Retailer SIAL Paris Educational Trip will require the applicant to likely spend time away from work. The Cheese Importers Association of America (CIAA) requires the permission of the participant's food retailer employer. Please have your employer sign and date under the statement below.

*I understand that should my employee be chosen to participate in the Retailer SIAL Paris Educational Trip he or she will likely miss work. I give my employee my full permission to participate in the Retailer SIAL Paris Educational Trip should he or she be chosen.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Affidavit of Eligibility**

This contest requires the applicant be eligible to participate. Please read the following eligibility criteria carefully. If you are eligible to participate, please sign and date under the statement below.

*I hereby affirm and attest that I have read and understand the eligibility criteria for the Cheese Importers Association of America (CIAA) Sponsored Retailer SIAL Paris Educational Trip. I attest and affirm that:*

1. Applicant is a decision maker that is a dairy category manager, cheese buyer, or deli buyer of a food retail business that has 5 or more retail establishments or which purchased at least 250,000 lbs. of wholesale specialty cheese between 1/1/17 and 12/30/17.
2. Individual applicant has not won trip in prior two years. An exception will be made if individual is with a different retail company
3. Only one winner per company will be allowed. (Exception for retailers with different buying entities)
4. Applicant has permission of his/her food retailer employer to fully participate in the trip, if chosen.
5. Legal residents of the 50 United States and the District of Columbia; and
6. 21 years of age or older.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Agreement To Be Bound by the Rules of the Contest**

This contest requires the applicant agree to be bound by the official rules of the contest. Please read the Official Rules of the CIAA Sponsored Retailer SIAL Paris Educational Trip, and sign and date under the statement below.

*I have read and understand the Official Rules of the CIAA Sponsored Retailer SIAL Paris Educational Trip (Official Rules), and I hereby agree to be bound by the Official Rules and the decisions of the Cheese Importers Association of America (CIAA), which are binding and final in all matters relating to selection of participants for the CIAA Sponsored Retailer SIAL Paris Educational Trip.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Confirmation of Personal Information**

As per the Official Rules and your agreement above to be bound by the Rules of the Contest, the CIAA may use your name, hometown, (city and state), voice, biographical information, likeness, photograph and any statements regarding the CIAA Sponsored Retailer SIAL Paris Educational Trip Selection in all media.

Please provide your name, hometown, company, and title below.

Printed Name: \_\_\_\_\_ Hometown: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_