

AFFIDAVIT FORM – CAMERA OPERATOR

(To be completed prior to event)

I, _____, hereby agree to be the Camera Operator in the Hockey Scoro contest.

I understand that I must video tape the measuring of the required distance, the contestant signing the official affidavit, the shot in its entirety showing the start of the shot continuously until the puck comes to rest in the net. The footage must be continuous until the puck is being removed from the net in case of a successful attempt.

As the Camera Operator, I certify that I have read and understand the terms and conditions of the Insured contest policy.

Agreed to by:

Camera Operator

Print Name: _____

Signature: _____

Must be 18 years of age or older

Age: _____

Date: _____

Telephone Number: _____

Email: _____

Witness: _____

Signature: _____

Must be 18 years of age or older

AFFIDAVIT FORM – CONTEST OFFICIAL

(To be completed prior to event)

I, _____, hereby agree to be the Contest Official for the Hockey Scorero contest. I can confirm that the randomly selected (Or by qualifying round) participant(s) will be attempting a hockey shot from the distance indicated in the declaration page. I can also confirm that each participant will have 1 attempt only.

As the Contest Official, I certify that I have read and understand the Terms and conditions of the insured contest policy.

Furthermore, I certify that, to the best of my knowledge, this Insured Contest has and will be conducted under strict adherence to the terms and conditions of the Policy.

Agreed to by:

Contest Official

Print Name: _____

Signature: _____

Must be 18 years of age or older

Age: _____

Date: _____

Telephone Number: _____

Email: _____

Witness: _____

Signature: _____

Must be 18 years of age or older

AFFIDAVIT FORM – CONTESTANT

(To be completed prior to event)

I, _____, hereby agree to be a contestant in the Hockey Scoro Contest.

As a participant, I certify that I understand the Contest terms and conditions of policy. I understand that I will have 1 attempt only at a hockey shot from the distance indicated in the declaration page.

Furthermore, I certify that I was only notified of my selection in this insured contest less than 24 hours ago and no practice or warm-up shot have been/ will be attempted.

Agreed to by:

Contestant

Print Name: _____

Address: _____

Phone #: _____

Email: _____

Signature: _____

Age: _____

Date: _____

AFFIDAVIT FORM – WITNESS

(To be completed prior to event)

I, _____, hereby agree to be a Witness in the Hockey Scoro contest.

As the Witness, I certify that I understand the Contest terms and conditions of the policy.

Furthermore, I certify that, to the best of my knowledge, this Insured Contest has and will be conducted under strict adherence to the terms and conditions of the Insured Contest Policy.

Agreed to by:

Witness

Print Name: _____

Signature: _____

Must be 18 years of age or older

Age: _____

Date: _____

Telephone Number: _____

Email: _____

Witness: _____

Signature: _____

Must be 18 years of age or older