



ULTIMATE SMILE MAKEOVER Official Rules

1. Contestants must be at least 18 years of age on or before Friday, March 11, 2011 to participate in the contest. Valid proof of age must be presented.
2. All federal, state and local laws apply. Contest is open to current residents of Washington State only. No purchase necessary. Void where prohibited.
3. Contestants who wish to enter the contest may do so beginning Friday, March 11, 2011, by completing a one page essay on how the "Ultimate Smile Makeover" will change their lives accompanied with a photograph. The essay and photo can be turned into Fluegge Family Dentistry 476 Grant Road in East Wenatchee. Only one entry per person. Deadline for entries is 5:00 pm Friday, April 15, 2011.
4. Judges will be members of station staff/management of both The ADG Media Group and Fluegge Family Dentistry. In the case of any disputes, the decision(s) of the judges is final.
5. A panel of judges will select the winner from information provided on the essay and photograph. The finalist must provide ID proving residence and date of birth.
6. The finalist will begin their "Ultimate Smile Makeover" the first week of May 2011 and continues through July 2011. Cherry Creek Radio and Fluegge Family Dentistry has the right to discontinue or terminate the contest at any time, for any reason whatsoever, without prior notice. If Cherry Creek Radio and Fluegge Family Dentistry terminates the contest at any time before July 31, 2011, Cherry Creek Radio and Fluegge Family Dentistry shall be under no obligation to award any prizes.
7. All questions of compliance, disqualification or other contest rules will be answered and determined by and at the sole discretion of the judges from Cherry Creek Radio and Fluegge Family Dentistry.
8. Any questions or concerns about rules must be brought up at the time that they occur. No issues will be considered after the contest ends.
9. The grand prize is an Ultimate Smile Makeover from Fluegge Family Dentistry, valued up to \$15,000; Professional Skin Solutions \$1,500 skin care package, Golds Gym one-year membership, It's Your Tan tanning package, and Chateau Faire le Ponte dinner for 6. Winners are responsible for all federal, state and local taxes, as well as any other applicable taxes, and any expenses they may incur as a result of entering, participating or winning any prize in this contest. Winners must provide Cherry Creek Radio with their Social Security number and an official release form to receive their prize(s). Winners will receive an IRS 1099 form for any prizes won at the end of the year.
10. Prize(s) are non-transferable and non-assignable. No substitution of the prize(s) is permitted.
11. Prize(s) to be awarded, including the dental work are without warranty and representation of any kind or nature on the part of Cherry Creek Radio, KPQ AM 560, The Quake 102.1, and Apple FM 99.5.
12. The finalist must sign a Consent and Release Form acknowledging that all conversations or statements made at any location within and during the contest may be recorded for possible broadcast or aired live by KPQ AM 560, The Quake 102.1, and Apple FM 99.5 and Fluegge Family Dentistry. The finalist must further agree to photographs, videotape and recordings, as well as any biography information as relevant without receiving any compensation or ownership rights.
13. Employees of Cherry Creek Radio and Fluegge Family Dentistry and their licensees, affiliates, parent corporation and subsidiaries, their advertisers, agencies, local media, and their agents, members of their immediate families and any employee or relative of an employee of any other radio station are

14. Before receiving any dental work or other prizes, the winner must sign a “waiver and release” form consenting to the use of his/her name, voice, photograph (still, motion picture or videotape) and biographical information for promotional purposes in any medium selected by Cherry Creek Radio and Fluegge Family Dentistry and further agree in writing to hold harmless Cherry Creek Radio and Fluegge Family Dentistry their licensees, affiliates, parent corporations and subsidiaries and their officers, employees, independent contractors, agent, affiliates, successors, and assigns against any and all claims or liability arising directly or indirectly out of the contest or the prizes awarded.
15. Cherry Creek Radio and Fluegge Family Dentistry shall not have responsibility for failure to receive any entry or to claim any prize based on mechanical or printing errors or allegations of telephone difficulties.
16. Cherry Creek Radio and Fluegge Family Dentistry retains the right to reject any entry form that it believes to be incomplete, illegible or inappropriate for any reason.
17. If you are chosen for the “Ultimate Smile Makeover” you must be available for several days for the smile makeover process. Chosen participant must make all appointments. Missing appointments could jeopardize the completion of the dental makeover and could result in disqualification. If the chosen participant is disqualified for any reason, an alternate participant will be chosen to complete the “Ultimate Smile Makeover.” The alternate will be chosen from the same application process.
18. You must be in excellent mental and physical health.

My signature below and my initials by each rule above indicate that Cherry Creek Radio has reviewed the contest rules with me in detail. Further, I thoroughly understand, accept and will comply with each rule outlined and any others added at the discretion of Cherry Creek Radio or Fluegge Family Dentistry.

Date	Name (printed)	Signature
Date	Witness Name (printed)	Witness Signature

ULTIMATE SMILE MAKEOVER

Entry Form

FULL NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

WORK PHONE _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

AGE (as of March 11, 2011) _____ DATE OF BIRTH _____

GENDER: MALE _____ FEMALE _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

ARE YOU A RESIDENT OF THE US? YES _____ NO _____

DRIVER'S LICENSE NUMBER _____

SOCIAL SECURITY NUMBER _____

CURRENT OCCUPATION _____

COMPANY NAME _____

COMPANY ADDRESS _____

CURRENT MARITAL STATUS _____

1. Do you have children? List names and ages.

2. Level of education completed. _____

3. Do you smoke? Yes _____ No _____

4. Do you have body art? If so, please describe them. _____

5. Do you belong to any affiliations or organizations (charitable or otherwise)? _____

6. Names and contact information of two close friends that we may contact to obtain additional information about you. _____

7. In one page write a short essay on why you feel you should be chosen to receive the "Ultimate Smile Makeover." List everything you would like to have happen. What about your smile are you most unhappy with? How has the physical appearance of your smile affected your life? If you were to receive the "Ultimate Smile Makeover" in what ways would your life be changed?

Bring Official Rules form, Entry form, essay and photo to Fluegge Family Dentistry at 476 Grant Road (corner of Grant Road and Eastmont), East Wenatchee by 5 p.m. Friday, April 15, 2011.