DECLARATION OF ELIGIBILITY AND RELEASE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*full legal name*), authorized to sign on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full practice entity name – referred to herein as the “****Practice****”*) certify the following:

1. Practice entered Dentsply Sirona World DS Core Sweepstakes (the "**Promotion**") and understands that it is the potential winner of one (1) Voucher for 50% off one complete case for SureSmile® clear aligners, valued at $747.50 (the "**Prize**"), subject to verification of its entry. Practice understands the Prize expires six (6) months from the date of drawing. Practice further understands the Prize will not include any additional items, cash awards, or paid expenses, which will be Practice’s sole responsibility.
2. Practice acknowledges that it is submitting this Declaration of Eligibility and Release ("**Declaration**") to assist in determining whether the Practice is eligible to receive the Prize in accordance with the Official Rules of the Promotion (the "**Official Rules**").
3. The Practice address is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. As of the date Practice entered this Promotion, through and including the date of this Declaration, I represent that I was not and am not an employee of or a member of the immediate family of an employee of Dentsply North America LLC ("**Sponsor**") and other excluded entities as noted in the Official Rules.
5. As of the date Practice entered this Promotion, through and including the date of this Declaration, I represent the Practice does not accept reimbursement for services from any government healthcare program.
6. Practice represents that it has fully complied with the Official Rules, the information submitted in entering the Promotion is correct, and neither I nor Practice have committed any fraud or other deception in entering the Promotion or claiming the Prize.
7. The Practice Tax Identification Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
8. As stated in the Official Rules, Practice agrees that it is responsible for paying all federal, state, and local taxes on its receipt and acceptance of the Prize.
9. I give permission to Sponsor, its parent, subsidiaries, affiliates, licensees, successors, and assigns, and those acting under their authority to use, and to authorize others to use, my name, biographical information, and likeness, throughout the world in all media now known or hereafter existing (including print, packaging, television, radio, film, digital, internet, social media, websites, and mobile apps) in perpetuity for advertising, marketing, publicity, and promotion of Sponsor, the Promotion, other Sponsor promotions, and the products and services associated with the Promotion and for all their internal business purposes without further compensation or right of approval.
10. If any of the statements in this Declaration is false, Practice agrees to return to Sponsor the Prize in addition to any other remedies that Sponsor may seek to enforce against Practice.
11. I, on behalf of myself and Practice, hold harmless, release, and discharge, Sponsor, Administrator, and their respective officers, directors, employees, agents, parent, subsidiaries, affiliates, shareholders, successors, and assigns from any and all claims, demands, lawsuits, expenses, injuries (including death), losses, damages, and any other liability of any kind, directly or indirectly arising out of or in connection with the Promotion (including the conduct of the Promotion, the awarding of any prizes, Practice’s participation in the Promotion, Practice’s acceptance, use, misuse, loss, or damage of or to the Prize or any other prize, and use of my name, biographical information, and likeness as permitted in Paragraph 9), even if due to the negligence, omission, or other fault of Sponsor.

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Practice Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |