



CONSENT FORM

Entrant's Name: _____

Video Name: _____

Entrant's Organization/School Information

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Entrant's Age: _____

Entrant's Role in Video Project:

Individual

Team Effort – *(A Consent Form must be submitted by each team member. Maximum 5 members per team.)*

Eligibility and Release

I have read, understand, and agree to the Rules and Regulations governing the Xap Corporation/Bridges Transitions' "What Would You Do?" Video Contest and certify that the information contained in this entry form is true and correct. The video I/we are submitting to Xap Corporation ("Xap") and Bridges Transitions ("Bridges") for the Xap and Bridges What Would You Do? Video Contest is my/our own original work. In signing this entry form, I grant Xap/Bridges the right: (1) to use my name, address, likeness, school, age, grade and/or prize information for promotional purposes, without compensation; and (2) to use the video submission accompanying this entry form (the 'Video'), in whole or in part in perpetuity, without compensation for any purposes, including marketing purposes. The Video has been originally created and produced by me/my team, and its use will not infringe any copyright, trademark or other right of any third party, or libel, defame, violate the right of privacy, or celebrity, or any contract right or other right of any individual, corporation, or other entity or otherwise violate any laws. I have obtained all permissions, consents, licenses, or other approvals of third parties (including, but not limited to, all individuals appearing in the Video and all holders of trademarks or copyrights in any music, images or other materials used in the Video. Any such approvals will be provided to Xap/Bridges upon its request. I agree to indemnify, defend, and hold Xap/Bridges and its successors, officers, directors, agents, sponsors, and employees harmless from any and all actions, causes of action, claims, demands, cost, liabilities, expenses and damages (including attorneys' fees) arising out of, or in connection with any breach of this agreement by me. I release Xap/Bridges from any liability in connection with my participation in this program, or the use of my/my teams' Video. Further, I am not, and was not an employee of, or an immediate family member of, or living in the same household as an employee of Xap/Bridges, or its advertising or promotional agencies.

Consent of Parent or Guardian (required if entrant signing above is under 18 years of age)

I, being the parent or guardian of the above-named minor, agree that s/he may participate in the Xap Corporation/Bridges Transitions' "What Would You Do?" Video Contest and hereby consent to and join in the foregoing grant and Release and consent on behalf of said minor.

Signature: _____

Print Name: _____

Relationship to Entrant: _____

Date: _____

Personal information is collected for the purpose of the Xap Corporation/Bridges Transitions' "What Would You Do?" Video Contest. No information is requested or will be accepted from entrants under 13 years of age. Questions regarding the collection of your personal information may be directed to Marketing Department, Xap Corporation, 3534 Hayden Ave., Culver City, CA 90232-2413.

Please return signed and completed form to Xap Corporation/Bridges Transitions at video@bridges.com or fax: 888-349-3437.