



Cecchini Advanced Center for Dentistry

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SUPREME MAKE-OVER CONTEST APPLICATION
ALL ENTRIES MUST BE POSTMARKED ON OR BEFORE JUNE 30, 2009

Applications MUST be written clearly or typed. (If needed, continue answers on a sheet of paper and attach.)

Application will only be considered if they are complete. Complete applications consist of the following:

1. Completed Application Form (do not leave any questions unanswered).
2. Two (2) photographs of yourself, each clearly labeled on the back with your name. One must be a close-up of your face (smiling), and the other must be of your facial profile. Polaroids are acceptable, providing we can clearly see you.
3. Identification – attach a copy of your driver's license.

Send your application to:

**Supreme Makeover Contest
c/o Cecchini Advanced Center for Dentistry
675 Cherry Tree Lane
Uniontown, PA 15401**

Please note, that NO phone calls will be accepted and we will not be able to verify that we have received your application. All updates will be posted on our website (www.cecchini.net).

Section I: The Basic Information

First, Middle and Last Name: _____

Have you ever formally or otherwise changed your name? If so, what other names have you used?

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ If you don't have one, tell us why: _____

Age (as of today): _____ Date of Birth: _____ Gender: Male Female

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Are you a legal resident of the United States? Yes No (if no, you are not eligible for the contest)

What is your Driver's License Number? _____

What is your Social Security Number? _____

Current Occupation (please include Company, title, and dates of employment):

Your current marital status (check one):

Single

Dating

Married

How long? _____ How many times _____

Separated

How long? _____

Widowed

How long? _____

Divorced

How long? _____

Not married

Do you have any children? No Yes, if so, how many? _____

Have you ever been arrested? No Yes, if so, tell us about it (include dates and jurisdictions)

Have you ever been charged with a crime? No Yes, if so, tell us about it (include dates and jurisdictions)

Have you ever been convicted of a crime? No Yes, if so, tell us about it (include dates and jurisdictions)

Have you ever had a restraining order issued against you?
 No Yes, if so, tell us about it (include dates and jurisdictions)

Have you been involved in any past and/or pending litigation?
 No Yes, if so, tell us about it (include dates and jurisdictions)

Please list below, anyone you know or have known who is now, or has been in the past two years, an owner, employee, agent, or representative of:

- (a) Dr. Aurelio V. Cecchini, Cecchini Advanced Center for Dentistry
- (b) Any person or entity supplying services or prizes to the Contest (to be listed on the Web site)

Note: Please give us contact information for people whom you give us permission to contact as references, as a means to contact you, or as a means of obtaining additional information about you.

Names and phone numbers of 2 closest friends:

(1) _____

(2) _____

Names and phone numbers of 2 nearest relatives:

(1) _____

(2) _____

Section II: Family & Lifestyle

Why do you feel you should be chosen to receive the "Supreme Makeover"?

In what ways has your appearance affected your life? _____

If you were to receive the Supreme Makeover, how do you think your life will change? __

If you are selected to receive the Supreme Makeover, what expectations do you have for final results? _____

Do you belong to any affiliations or Organizations (charitable or community or otherwise)?

Do you have any body art (piercing, tattoos, etc.)? If so, please describe them. _____

Section III: Medical

Have you ever been treated for any serious physical or mental illnesses within the last five (5) years? No Yes

If so please tell us about it (including dates, diagnosis, ongoing treatments, prescription medicines or difficulties –use a separate sheet of paper if needed): _____

Have you ever been treated for depression? No Yes

If yes, in your opinion, what triggered your depression? _____

Are you currently or have you ever taken anti-depressants? No Yes

Please list any allergies you have (medications, food, hay fever, dust, etc.) and your current treatment for them (if any): _____

Have you ever been diagnosed with alcoholism or any other drug related addiction? If so, please provide more details including how long you've been in recovery, if that's the case.

Do you have any sexually transmitted diseases? If so, please describe: _____

Have you ever had any type of plastic or cosmetic surgery? If so please list specific surgeries and the reasons for those procedures. _____

Section IV: Your chance to be creative

In a brief statement, tell us why we should choose you, over anyone else, to receive the "Supreme Makeover"? _____

Besides altering your appearance, what is your dream in life? _____

Is there anything else you wish to share with us? _____

I hereby acknowledge that: (i) I have answered the previous questions honestly and accurately; (ii) I will immediately inform Cecchini Advanced Center for Dentistry and the entire Makeover Team ("The Makeover Team") if any information I have provided becomes false or incomplete; (iii) if any of the above information is found to be false or incomplete this will be grounds for dismissal from the participant selection process, and/or from the contest currently entitled "The Supreme Makeover", if selected; (iv) even if I meet the above eligibility requirements, the Makeover Team has not obligation to conduct the program or to display it, even if conducted; (v) all decisions by the Makeover Team concerning selection of the participants are final and not subject to challenge or appeal; and (vii) the Makeover Team has no obligation to return any materials submitted by me as part of the application whether or not I am selected as a participant.

I understand that the contest involves a "Supreme Makeover" of the participant which may include, without limitation, cosmetic and/or plastic surgery on the participant. I acknowledge that before participating in the contest I will consult with my own physician regarding the advisability from a physical and emotional health perspective of my potential participation in the contest. I represent that if I proceed with the contestant selection process and am selected to be a participant in the contest, I know of no reason, following consultation with my own physician, why I should not participate in the contest.

By submitting this application I hereby consent to the recording (still photos and video footage), use and reuse by The Makeover Team, and any of their respective licensees, assignees, parents, and subsidiaries, or affiliated entities and each of their respective employees, agents, representatives, officers and directors (collectively "Releasees") of my voice, actions, likeness, name, appearance, biographical material, and any information contained in my application (collectively "Likeness") as edited, altered, or modified by the Releasees, in any and all media now known or hereafter devised, in any and all versions, in perpetuity, in or in connection with the contest. I agree the Releasees may use all or any part of my Likeness, and may alter or modify it regardless of whether or not I am recognizable. I further agree that Releasees exclusively own all right, title, and interest (including, without limitation, all copyrights) in and to any photo/video that I have provided in connection with my application and any other materials that I have provided or may provide in connection with my application and any other materials that I have provided or may provide in connection with the Contest (the "Materials") including, without limitation, the right to edit, alter, or modify the Materials and to use all or part of the Materials and my Likeness in any and all media now known or hereafter devised in any and all in perpetuity. I further agree that Releasees may use my Likeness and the Materials in connection with any promotion, publicity, marketing or advertisement for the Program. I grant the rights hereunder whether or not I am selected to participate in the Contest in any manner whatsoever. I agree to release, defend, indemnify and hold harmless Releasees from any and all claims, actions, lawsuits, liabilities, and expenses arising out of or relating to its recording or use of my Likeness and/or the Materials. I agree to not make any claim against Releasees as a result of the recording or use of my Likeness and/or the Materials (including, without limitations, any claim that such use invades any right of privacy and/or publicity). I understand that I will not be paid any money for giving Releasees these rights, or for signing this agreement.

I authorize the Makeover Team and its designees to investigate, access and collect information about me, about any of the statements made by me in my application, any supporting documents and any other document that I have signed or do sign in connection with my application to be selected as a participant in the Contest, or any other written or oral statements I make in connection therewith. I irrevocably authorize The Makeover Team and their respective designees to secure information about my experiences from my current and former employees, associates, friends, family members, educational institutions, government agencies, credit reporting agencies, and any references I have provided, and I irrevocably authorize such parties to provide information concerning me. I specifically authorize investigation of my employment record, medical record, and government records, including but not limited to my motor vehicle record, civil record, criminal record and consumer report(s). I agree to execute any authorizations, consents and releases requested from me by The Makeover Team and their respective designees in connection with their investigation of me. I hereby unconditionally and irrevocably release and forever discharge all such parties and persons from any and all liabilities arising out of or in connection with any such investigation.

I agree to undergo to the extent permitted by law and at the sole discretion of The Makeover Team, with no prior notice to me, any physical and mental examinations requested by The Makeover Team in connection with my possible selection for participation in the Contest. Such examinations will be conducted by medical personnel of The Makeover Team's choosing. I acknowledge that I may not be selected to participate or my participation may be discontinued at any time if in the sole and exclusive discretion of The Makeover Team and/or its medical experts; the results of such tests indicate that I am not physically or mentally fit to participate in the Contest. I understand and agree that any physical and/or mental assistance, examinations and/or sessions I may have with any medical personnel retained by or associated with the Contest, The Makeover Team, does not create a confidential relationship between myself and such medical personnel. Accordingly, I acknowledge and consent to contest doctors, psychologists, and other medical personnel communicating with The Makeover Team any diagnoses, prognoses, medical information and/or opinions regarding me. I hereby waive any physician-patient privilege I may have or that may arise with any physicians, psychologists, health care providers (including both physical and mental health care providers), social workers, health care institutions, insurers, and other individuals and entities as a result of my participation in the selection process and/or the Contest, and I authorize the release to The Makeover Team of all records and information, written, verbal, electronic or otherwise, from any of the above persons and/or entities. I agree to sign any authorizations that The Makeover Team or a health care provider deems necessary to facilitate the release of such records and information. Without in any way limiting anything herein, I further hereby release, discharge, relinquish and hold harmless Releasees from any medical care assistance, treatment or services provided to me at any time whether such treatment or services are provided by health care professionals, paramedics or any other person.

I agree to treat all information and materials I receive to acquire as part of my participation in the participant selection process for the Contest as strictly confidential and to not disclose any such information to any third party. I specifically acknowledge that the financial value of the Contest to The Makeover Team depends on confidentiality and I agree to be responsibility for any and all damages, including consequential damages that The Makeover Team and/or any of the Releasees may suffer if I breach this confidentiality provision.

I agree to release, defend, indemnify and hold harmless the Releasees and all media and production companies affiliated with or associated with the production, promotion and/or publicity of the Contest and the respective employees, agents, officers, and owners from and against any and all claims, actions, lawsuits, liabilities and expenses arising from or relating to: (a) my participation

in the Contest including, without limitation, the participant selection process, (b) the use of my Likeness and/or the Materials, (c) any of my acts or statements relating to or in connection with the Contest; and (d) any breach of my representations or warranties herein. I understand and agree similar federal law, or any similar common law or principle of similar effect, are hereby expressly waived. I acknowledge and understand that said section reads as follows: **"1542. Certain claims not affected by general release. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."** I acknowledge that I may hereafter discover claims in addition to the ones released herein, and I hereby release Releasees for any such unknown or unsuspected claims.

I acknowledge that in the event of a breach of this Consent and Release by The Makeover Team or any third party, the damage, if any, caused me will not be irreparable or otherwise sufficient to entitle me to seek injunctive or other equitable relief. I acknowledge that my rights and remedies in any such event will be strictly limited to be right, if any, to recover damages in an action at law, and I acknowledge and agree that I will not have the right to rescind this Release or any of Releasees' rights hereunder, nor the right to enjoin the production, exhibition or other exploitation of the Contest, or any subsidiary or allied rights with respect thereto, or any other results and proceeds hereunder.

I have read, understand, and agree with the foregoing.

Signature: _____ Date: _____, 2009.

Name (Please print or type) _____