WKSC RELEASE AND INDEMNITY AGREEMENT

I hereby acknowledge receipt of the following prize which was presented to me by radio station WKSC-FM, as a winner of:

Prize Description:_____ _____ _____

Value:_____

In consideration of WKSC-FM Radio providing me with the above item(s), I hereby acknowledge my understanding that neither WKSC, Clear Channel Communications, their officers, directors and employees, and/or their advertising agencies, and sponsors has made any representation, warranty or guarantee whatsoever with respect to this item, and I here by relieve them of and from, any further obligations or responsibilities.

For myself, my heirs, executor, administrator, and assigns, I hereby release and forever discharge WKSC Radio, Clear Channel Communications, and sponsors, from and against any/every claim demand, right or cause of action of whatever kind of nature arising in any way of my receipt, and/or exercise of the item described.

I further understand that I will be responsible for any and all taxes which may be payable (including by not limited to, taxes, sales and use taxes, if any) as the result of the receipt by me of this item.

Furthermore, I hereby agree to permit WKSC Radio and Clear Channel Communications, to utilize (and license others to use) my name, picture and/or likeness in connection with any advertisements or publicity issued in connection with the above named prize, or the programming of WKSC. It is understood that the rights granted hereby will not be used in connection is non-transferable, non-refundable, for equivalency and non-assignable.

I also understand that neither I nor any member of my family(including spouses, children, parents, significant others and/or roommates) in my household may win a contest on WKSC-FM or any other Clear Channel Radio Station for a period of 90 days if the prize is over $100.

NAME _____BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____HOME PHONE _____

SOCIAL SECURITY # _____E-MAIL ADDRESS_____

_____ _____
SIGNATURE   DATE

PARENT/GUARDIAN (IF UNDER 18)

NAME _____ BIRTHDATE _____

_____ _____
SIGNATURE   DATE