

PARTICIPANT APPLICATION

Eligibility Requirement, Consents and Releases

1. You must be a U.S. citizen.
2. You must be at least 21 years of age.
3. You must not be a candidate for public office and must agree not to become one until one year after the initial broadcast of the program in which you appear, if selected as a participant.
4. You or any of your immediate family members (spouse, ex-spouse, parents, siblings, children) and household members (whether related or not) may not be employees, officers, directors, representatives or agents of the television and/or radio stations or channels or Producers and/or Sponsors (as defined below) of *Ultimate Makeover Triad*.
5. You must never have been convicted of a felony or misdemeanor, other than a minor traffic violation, and have never had a restraining order or other injunctive relief entered against you. There must not be any outstanding criminal warrants for you.
6. You must not have appeared in a prime-time television reality/game show series or are not involved in the current production of any such television show.
7. If selected as a participant, you must execute all waivers and release agreements required by the Patseavouras Center for Plastic & Laser Surgery, Kraska Center for Cosmetic & General Dentistry, and their members and such member's officers, directors, and shareholders ("Producers and/or Sponsors") of *Ultimate Makeover Triad*.
8. You will need to be available for several days for the makeover process, as well as approximately four to seven weeks thereafter for recoveries (if needed) and participation in a follow-up makeover.
9. You must be in excellent mental and physical health.
10. You must be willing to submit medical information to the production and submit to a medical examination, psychological examination, and background check.
11. The deadline for applications is December 31, 2006.

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SECTION I: PERSONAL		
First Name:	Middle Name:	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:
Phone (work):	Phone (home):	Phone (mobile):
Email:	Age (as of today):	Date of Birth:
Gender (M or F):	Height:	Weight:
Hair Color:	Eye Color:	
Are you a legal resident of the United States? If so, please provide your driver's license number.		
Current Occupation (please include company, title and dates of employment):		
Current Marital Status (if married, please list how long and how many times):		
Do you have any children? If so, please list their name(s) and age(s).		
Highest level of education you've completed:		Major:

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What school(s) did you attend? (include city, state and years of attendance):

Are you a member of any professional performing arts unions? (i.e. AFTRA or SAG):

Have you ever been arrested?

Have you ever been convicted of a crime?

Have you ever had a restraining order issued against you?

Have you been involved in any past and/or pending litigation?

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

- Any television or radio station or channel, cable network, or satellite network that may air the program;
- Any person or entity involved in the development, production, distribution or other exploitation of the program or any variation thereof;
- Any Producers and/or Sponsors of the program or its advertising agency; or
- Any person or entity supplying services to the program.

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Have you ever acted, performed or appeared on television or film? If so, list the shows and dates:

If chosen to be on the program, is there any person or part of your life that you would prefer not to share on-camera (i.e. social organizations, activities, friends, family)? If so, please describe:

Names and phone numbers of 2 closest friends:

Names and phone numbers of 2 closest relatives:

SECTION II: FAMILY AND LIFESTYLE

Why do you feel you should be chosen to receive the Ultimate Makeover Triad?

If you are selected to receive the Ultimate Makeover Triad, list everything you would like to have altered on your face and smile.

In what ways has your physical appearance affected your life?

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If you were to receive Ultimate Makeover Triad, in what ways would your life be altered?

Tell us about your relationship with your parents.

Tell us about your relationship with your siblings.

Tell us about your relationship with your mate/significant other.

Tell us about your relationship with your friends.

Do you belong to any affiliations or organizations? (charitable, community or otherwise?):

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

Do you have any dentures, partials or other removable teeth?

SECTION III: MEDICAL

Have you ever been treated for any serious physical or mental illnesses within the last five (5) years? If yes, please describe in detail, indicating dates, diagnosis and any ongoing treatments, prescription medicines or difficulties.

Have you ever been treated for depression? In your opinion, what triggered your depression?

Are you currently or have you ever taken antidepressants?

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 about how long you've been in recovery, if that's the case.

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

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Do you smoke? If so, how long have you been smoking and how often do you smoke?

SECTION IV: YOUR CHANCE TO BE CREATIVE

In a brief statement, tell us why we should choose you over anyone else to receive the Ultimate Makeover Triad.

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

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I hereby acknowledge that: (i) I have answered the previous questions honestly and accurately; (ii) I will immediately inform *Ultimate Makeover Triad* (Producers and/or Sponsors) 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 program currently entitled *Ultimate Makeover Triad™*, if selected; (iv) even if I meet the above eligibility requirements, the Producers and/or Sponsors have no obligation to interview me, and/or select me as a participant; (v) even if I am selected as a participant, the Producers and/or Sponsors have no obligation to conduct the program or to display it, even if conducted; (vi) all decisions by the Producers and/or Sponsors concerning selection of the participants are final and not subject to challenge or appeal; and (vii) the Producers and/or Sponsors have 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 program involves an "ultimate makeover" of the participant which may include, without limitation, cosmetic and/or plastic surgery on the participant. I acknowledge that before participating in the program, I will consult with my own physician regarding the advisability from a physical and emotional health perspective of my potential participation in the program. I represent that if I proceed with the participant selection process and am selected to be a participant in the program, I know of no reason, following consultation with my own physician, why I should not participate in the program.

By submitting this application, I hereby consent to the recording, use and reuse by the Producers and/or Sponsors of *Ultimate Makeover Triad* of my voice, actions, likeness, name, appearance, biographical material, and any information contained in my application to be a participant in the program or in any materials submitted by me in connection with my application (collectively "likeness") as edited, altered or modified by the Producers and/or Sponsors, in any and all media now known or hereafter devised, in any and all versions, worldwide in perpetuity, in or in connection with the program. I agree the Producers and/or Sponsors 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 Producers and/or Sponsors exclusively own all right, title, and interest (including, without limitation, all copyrights) in and to any video that I have provided in connection with my application and any other materials that I have provided or may provide in connection with the program (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 versions worldwide, in perpetuity. I further agree that Producers and/or Sponsors 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 program in any manner whatsoever. I agree to release, defend, indemnify and hold harmless Producers and/or Sponsors from any and all claims, actions, law suits, liabilities and expenses arising out of or related to its recording or use of my likeness and/or the materials. I agree not to make any claim against Producers and/or Sponsors as a result of the recording or use of my likeness or the materials (including, without limitation, 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 Producers and/or Sponsors these rights, or for signing this agreement.

I authorize the Producers and/or Sponsors 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 program, or any other written or oral statements I make in connection therewith. I irrevocably authorize the Producers and/or Sponsors, and their respective designees, to secure information about my experiences from my current and/or former employers, 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 my authorizations, consents, and releases requested from me by Producers and/or Sponsors 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.

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I agree to undergo to the extent permitted by law and at the sole discretion of the Producers and/or Sponsors, with no prior notice to me, any physical and mental examinations requested by Producers and/or Sponsors in connection with my possible selection for and participation in the program. Such examination will be conducted by medical personnel of the Producer and/or Sponsor'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 Producers and/or Sponsors and/or its medical experts the results of such tests indicate that I am not physically or mentally fit to participate in the program. 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 program, Producers and/or Sponsors and its affiliates, does not create a confidential relationship between myself and such medical personnel. Accordingly, I acknowledge and consent to production doctors, psychologists, and other medical personnel communicating with the Producers and/or Sponsors and their designated agents 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 program, and I authorize the release to the Producers and/or Sponsors of all records and information, written, verbal, electronic, or otherwise, from any of the above persons or entities. I agree to sign any authorizations that the Producers and/or Sponsors, or health care provider deems necessary to facilitate the release of such records and information. Without in any way limiting anything herein, I further release, discharge, relinquish and hold harmless Producers and/or Sponsors 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 material I receive or acquire as part of my participation in the participant selection process for the program as strictly confidential and to not disclose any such information to any third party. I specifically acknowledge the financial value of the program to the Producers and/or Sponsors depends on confidentiality and I agree to be responsible for any and all damages, including consequential damages that Producers and/or Sponsors may suffer if I breach this confidentiality provision.

I agree to release, defend, indemnify and hold harmless the Producers and/or Sponsors and all media and production companies affiliated with or associated with the production, promotion and/or broadcast of the program and their respective employees, agents, officers and directors from and against any and all claims, actions, lawsuits, liabilities and expenses arising from or relating to: (a) my participation in the program 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 program; and (d) any breach of my representations or warranties herein. I acknowledge that I may hereafter discover claims in addition to the ones released herein, and I hereby release the Producers and/or Sponsors for any such unknown or unsuspected claims.

I acknowledge that in the event of a breach of this consent and release by Producers and/or Sponsors 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 the 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 Producers and/or Sponsors' rights hereunder, nor the right to enjoin the production, exhibition, or other exploitation of the program, 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: _____

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Thank you for your time and effort in completing the application!

In order for your application to be considered, it **MUST** include 4 photographs of yourself (one photo showing your full body, one close-up of your face while you are smiling, one close-up of your face while you are not smiling, and one close-up of your profile while you are not smiling), **AND** a videotape meeting the following restrictions:

1. Length: Maximum length is three (3) minutes. Anything over three minutes will not be considered
2. Format: We prefer VHS. To transfer any other formats to VHS, simply connect your camera to your VCR and record.
3. Content: Please use the following criteria to make your tape:
 - Tell us who you are and why you deserve the "ultimate makeover." Explain how your looks have affected your life and how they continue to affect you.
 - We are looking for fun and outgoing people who want a makeover. Please be creative, exciting and personable when making your tape. We are looking for people who the Triad will love and root for.
 - Make sure you shoot a 30-second close-up of your face and profile with **NO MAKE UP** and without any removable teeth (partials or dentures). In addition, we need 30 seconds of a full body shot with your undergarments or bathing suit on. While we will not be performing any body plastic surgery, you will be exposed to a personal trainer (if selected as to participate) for weight loss and/or body toning, if needed.
 - **DO NOT** tape yourself in front of a blank white wall or window. Make sure there is color or a solid background behind you. Also, make sure there is good lighting so we can see your face and problem areas. Make sure that you check your tape when you're done for good sound quality and a good picture.
4. Labeling: All tapes and photographs **MUST** be labeled separately with your name, address and phone number on both the face and the spine of the tape and on the back of all pictures. Applications not labeled with this information will not be considered.
5. Deadline: All media, including the videotape and pictures must be postmarked by December 31, 2006 at midnight.

All materials you send (including videotape and photos) will be retained by the Producers and/or Sponsors and become property of the Producers and/or Sponsors and will not be returned to you whether or not you are selected as a contestant. Any expenses you incur during the application process including postage, shipping, materials for preparation (videotape, photos, etc.) are your sole responsibility. Producers and/or Sponsors will not reimburse you for these expenses. Only one entry per person is allowed. All decisions of the Producers and/or Sponsors are final and absolute and not subject to inquiry.

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

1. Completed application form
2. Three-minute videotape labeled clearly with your name, address and phone number on face and spine (Optional).
3. Four color photographs of yourself, each clearly labeled on the back with your name, address and phone number. One must be a photo showing your entire body with undergarments or a bathing suit on, one close-up of your face while you are smiling, one close-up of your face while you are not smiling, and one close-up of your profile while you are not smiling.
4. Identification - Attach a copy of your driver's license.

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Send your application, photographs, and videotape (optional) submission to the following address:

Ultimate Makeover Triad
PO Box 4341
Greensboro, NC 27404

OR

Deliver your application to:

Patseavouras Center for Plastic and Laser Surgery, 522 North Elam Ave., Greensboro, NC, 336.299.4907

Unfortunately, we will not be able to verify that we have received your application. Producers and/or Sponsors are not responsible for lost applications.

Good Luck!