

# Mistletoe Town

Entry Form



Welcome to Minden Medical Center’s Mistletoe Town – Tree Decorating Contest! This is an amazing marketing opportunity for your company this holiday season!

Please fill out the entry form below and submit to Minden Medical Center – ATTN: Lindsay Presley no later than November 20, 2021.

**Sponsor Information:**

|   |  |
|---|--|
| Name: _____   | Company: _____   |
| Email Address: _____                                    | Dept.: _____   |
| Phone Number: _____                                     | Entry Date: _____  |
| Preferred contact:                                      | Preferred Decoration Clean-up:                               |
| <input type="radio"/> Text                              | <input type="radio"/> Donate                                 |
| <input type="radio"/> Phone                             | <input type="radio"/> Discard                                |
| <input type="radio"/> Email                             | <input type="radio"/> Return to Participant                  |
| <input type="radio"/> \$100 – Full Size Tree (provided) | <input type="radio"/> \$65 – Holiday Cutout (with your logo) |

By signing this document, I have read, understood, and agree to the rules of the tree decorating contest. I understand and agree that Minden Medical Center may capture pictures, videos, or film during the entirety of the event. I authorize Minden Medical Center to publish these images, along with my name and my business’s name and logo for use in any printed publication, advertisement, social media website, or the website of the hospital and/or its affiliates.

I acknowledge that since my participation in publications and websites produced by the hospital and/or its affiliates is voluntary, I will receive no financial compensation. I further agree that the use of my image in any hospital publication or website confers upon me no rights of ownership whatsoever.

I agree that the hospital and its affiliates may use such images of me with or without my name, and for any lawful purpose, including but not limited to publicity, education, illustration, advertising or web content.

I release the hospital and its affiliates from liability for any claims by me or any third party in connection with my participation.

I have read and understand the above:

\_\_\_\_\_  
Signature of Participant \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minden Medical Center Representative \_\_\_\_\_  
Date