Affadavit for Contestants under 18 years of Age

DATE _____

STATE OF _____

COUNTY OF _____

Affidavit of Parent or Guardian

I, the undersigned parent or guardian of _____
(Contestant name)

who is the Contestant named in this Application, of full age and being sworn according to law, upon my oath depose and say:

1. I have read and I understand the provisions of this Application and its attachments. To the best of my knowledge, information and belief, all of the factual statements made in this Application by the Contestant are true.
2. On behalf of the Contestant, I agree to the terms and conditions of this Application and its attachments.

I do hereby swear that the statements made in this Affidavit are true.

_____
Please print Parent/Guardian name

_____
Parent/Guardian Signature

State of _____

County of _____

Sworn and subscribed to before me, this the ____day of _____, 20_____.

_____
NOTARY PUBLIC Signature Seal