

GREAT AMERICAN CHRISTMAS

QUESTIONNAIRE INSTRUCTIONS

****PLEASE RETAIN THIS SHEET FOR FUTURE REFERENCE****

1. Each family member 18 years of age or older must complete this Questionnaire.
2. Please fill out the following application legibly.
3. Please use dark colored ink.
4. THIS IS NOT A TEST. There are no right or wrong answers. We just want to get to know you better, so relax and take your time answering the questions. Please DO NOT write on the back of the application pages, but feel free to attach additional sheets of paper if necessary.
5. Please answer all questions honestly and to the best of your ability. IT IS VERY IMPORTANT THAT YOU ANSWER ALL QUESTIONS TRUTHFULLY.
6. You must staple a copy of your driver's license or other government- or school-issued photo ID to the back of the packet.
7. Please provide us with some recent photos of your friends, other family members, and any other key people in your life.
8. If we have not yet met you in person, please provide us with a 3-5 minute VHS tape telling us about yourself. Introduce yourself and your family or friends, and tell us a bit about what you're looking forward to (or not!) this holiday season. When you send us your home tape, please remember to label it clearly with your name and contact information.
9. If you have any questions, please email USAmericanXmas@aol.com.

Thank you for your time and effort in completing this packet. We look forward to getting to know you better!

**GREAT AMERICAN CHRISTMAS
QUESTIONNAIRE**

NAME: _____

NICKNAME (S)/ ALIAS (ES): _____

WHAT NAME DO YOU PREFER TO BE CALLED?

PRESENT ADDRESS:

HOME PHONE: _____

CELL PHONE.: _____

OTHER PHONE: _____

Email:

_____ I check my email a lot: Yes No

DO YOU HAVE A BLOG, LIVEJOURNAL, WEBSITE OR SITES? WHAT IS/ ARE THE ADDRESS OR ADDRESSES?

ARE YOU OR ANY OF YOUR IMMEDIATE FAMILY OR HAVE YOU OR ANY OF YOUR IMMEDIATE FAMILY EVER BEEN A MEMBER OF SAG/AFTRA? YES NO

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER ACTED OR PERFORMED OUTSIDE OF SCHOOL?

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER PREVIOUSLY APPLIED TO APPEAR ON A TELEVISION SHOW? IF SO, WHAT SHOW OR SHOWS, AND HOW FAR DID YOU GET IN THE PROCESS?

HAVE YOU OR ANY OF YOUR IMMEDIATE FAMILY EVER BEEN DIRECTLY INVOLVED IN ANY CAPACITY IN THE PRODUCTION OF A TELEVISION SHOW OR DOCUMENTARY? IF SO, WHAT WAS THE PROJECT AND IN WHAT CAPACITY WERE YOU OR THEY INVOLVED?

HOW WOULD YOU DESCRIBE THE CITY, TOWN, OR AREA IN WHICH YOU LIVE? IN GENERAL, DO YOU FEEL POSITIVELY OR NEGATIVELY TOWARD IT?

DESCRIBE YOUR NEIGHBORHOOD:

HAVE YOU ALWAYS LIVED IN THE NEIGHBORHOOD AND/OR TOWN/CITY THAT YOU CURRENTLY LIVE IN? IF NO, WHERE ELSE HAVE YOU LIVED AND FOR WHAT PERIOD(S) OF TIME? WHEN DID YOU MOVE TO YOUR CURRENT RESIDENCE?

WHERE DO YOU ORDINARILY SPEND THE CHRISTMAS HOLIDAYS? IF IT IS THE CITY IN WHICH YOU LIVE, DO YOU ENJOY BEING THERE DURING THE HOLIDAY SEASON? IS IT DIFFERENT IN ANY WAY THAN THE REST OF THE YEAR? IF YOU GO TO SOME OTHER LOCATION, PLEASE DESCRIBE:

IS THERE ANOTHER LOCATION IN WHICH YOU WOULD PREFER TO SPEND THE HOLIDAYS? WHAT IS IT? WHY DO YOU NOT SPEND THE HOLIDAYS THERE?

NAME AND LOCATION (CITY, STATE) OF YOUR HIGH SCHOOL (AND YEARS COMPLETED):

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? _____

NAME OF INSTITUTION(S) AND # OF YEARS COMPLETED (PLEASE INCLUDE DATES OF ATTENDANCE):

WHERE DO YOU WORK? WHAT IS YOUR CURRENT OCCUPATION? :

BRIEFLY DESCRIBE YOUR JOB HISTORY:

DO YOU BELONG TO ANY AFFILIATIONS OR ORGANIZATIONS?

WHERE WOULD YOU LIKE TO SEE YOURSELF IN FIVE YEARS?

DO YOU FEEL PRESSURE ABOUT YOUR FUTURE? DO OTHERS PLACE THAT PRESSURE ON YOU, OR DO YOU PLACE IT ON YOURSELF?

WHO DO YOU CONSIDER YOUR IMMEDIATE (CLOSE) FAMILY? IS IT PRIMARILY YOUR BIOLOGICAL/ADOPTIVE FAMILY, YOUR FRIENDS, OR OTHER PEOPLE/GROUPS OF PEOPLE?

HOW IMPORTANT IS IT TO YOU TO SPEND THE HOLIDAYS WITH YOUR FAMILY?

PLEASE DESCRIBE YOUR BEST HOLIDAY SEASON:

PLEASE DESCRIBE YOUR WORST HOLIDAY SEASON:

DOES YOUR USUAL HOLIDAY ROUTINE INCLUDE THE FOLLOWING? WHEN DOES EACH THING NORMALLY HAPPEN (OR HOW FREQUENTLY)?

SHOPPING FOR GIFTS _____

EXCHANGING GIFTS _____

CHURCH/RELIGIOUS SERVICES _____

COOKING A MEAL _____

GOING TO A RESTAURANT _____

TRAVEL (HOW/WHERE?) _____

GOING TO A MOVIE _____

PLEASE DESCRIBE ANY OTHER HOLIDAY ROUTINES: _____

WHAT, FOR YOU, ARE THE ESSENTIAL ELEMENTS OF A HAPPY OR SUCCESSFUL HOLIDAY SEASON?

WHAT ARE THE FOUR MOST IMPORTANT ISSUES, LOGISTICAL HURDLES, PROBLEMS, OR SITUATIONS YOU EXPECT TO ENCOUNTER OR DEAL WITH THIS HOLIDAY SEASON?

1) _____

2) _____

3) _____

4) _____

IS THERE ANY WAY IN WHICH YOU ANTICIPATE THIS HOLIDAY SEASON'S BEING MARKEDLY DIFFERENT FROM PREVIOUS HOLIDAY SEASONS?

DESCRIBE YOUR PARENTS AND YOUR RELATIONSHIP TO EACH OF THEM. ARE YOU CLOSER TO EITHER YOUR MOTHER OR FATHER? WHY OR WHY NOT?

DO YOU HAVE CHILDREN? WHAT ARE THEIR NAMES? DO THEY LIVE WITH YOU? WHAT IS YOUR RELATIONSHIP WITH THEM LIKE?

DO YOU HAVE SIBLINGS? WHAT ARE THEIR NAMES? ARE THEY OLDER OR YOUNGER THAN YOU? WHAT IS YOUR RELATIONSHIP WITH THEM LIKE?

ARE YOU CLOSE TO YOUR EXTENDED FAMILY (E.G. AUNTS, UNCLES, COUSINS)? PLEASE DESCRIBE YOUR EXTENDED FAMILY (WHERE DO THEY LIVE, HOW OFTEN DO YOU SEE EACH OTHER, ETC.):

DO YOU THINK YOUR FAMILY MEMBERS WILL BE WILLING TO PARTICIPATE IN THIS PROJECT? IF NO, WHO DO YOU THINK WOULD BE UNWILLING TO PARTICIPATE?

HOW OFTEN DO YOU AND YOUR FAMILY MEMBERS INTERACT AS A GROUP (DINNERS, MOVIES, VACATIONS/TRIPS, ETC.)? HOW DO YOU FEEL ABOUT THE TIME YOU SPEND WITH YOUR FAMILY? WOULD YOU PREFER TO SEE THEM EITHER MORE OR LESS FREQUENTLY?

IN GENERAL, DO YOU AND YOUR FAMILY TEND TO AGREE OR DISAGREE ON MOST THINGS? WHAT DO YOU AGREE ABOUT? WHAT DO YOU DISAGREE ABOUT? DO YOU DISCUSS YOUR DIFFERENCES OPENLY?

DO YOU CURRENTLY HAVE A BOYFRIEND/GIRLFRIEND? IF SO, PLEASE DESCRIBE HIM/HER. HOW LONG HAVE YOU BEEN GOING OUT? WHERE DO YOU SEE THE RELATIONSHIP GOING? WHAT ARE THE BEST AND WORST THINGS ABOUT BEING WITH HIM/HER?

WHAT IS YOUR LIVING SITUATION? DO YOU LIVE ALONE, OR WITH SOMEONE ELSE? PLEASE DESCRIBE THE PEOPLE YOU LIVE WITH. WHAT IS YOUR RELATIONSHIP LIKE WITH EACH OF THEM? DO YOU ENJOY YOUR CURRENT LIVING SITUATION?

WHAT DO YOU DO FOR FUN? DO YOU HAVE ANY PARTICULAR HOBBIES? DO YOU PREFER INDIVIDUAL OR GROUP ACTIVITIES?

DO YOU TRAVEL FREQUENTLY (WITH OR WITHOUT YOUR FAMILY)? WHAT WAS THE LAST TRIP OR VACATION YOU TOOK?

IF YOU DO NOT WORK, HOW DO YOU SUPPORT YOURSELF?

WHAT ONE THING ABOUT YOU WOULD NO ONE EVER GUESS JUST BY LOOKING AT YOU?

WHAT WAS THE LAST UNUSUAL, EXCITING OR SPONTANEOUS OUTING YOU INSTIGATED FOR YOU AND YOUR FRIENDS OR FAMILY?

WHAT BOTHERS YOU MOST ABOUT OTHER PEOPLE?

WHO IN YOUR LIFE DO YOU MOST WANT TO BE PROUD OF YOU?

IF YOU COULD CHANGE ANY ONE ASPECT OF YOUR LIFE, WHAT WOULD IT BE?

ARE YOU AN EMOTIONAL PERSON? WHEN WAS THE LAST TIME YOU LOST YOUR TEMPER? WHEN WAS THE LAST TIME YOU CRIED? WHAT WERE THE CIRCUMSTANCES?

WHAT'S THE CRAZIEST THING YOU'VE EVER DONE?

WHAT ACTION(S) OR ACCOMPLISHMENT(S) IN YOUR LIFE ARE YOU PROUDEST OF?

WHAT IS YOUR GREATEST REGRET?

WHAT IS YOUR GREATEST FEAR (AND WHY)?

DO YOU HAVE ANY HABITS WE SHOULD KNOW ABOUT?

DO YOU HAVE ANY PHYSICAL, PSYCHOLOGICAL, MENTAL OR EMOTIONAL CONDITIONS THAT WOULD MAKE IT DIFFICULT FOR YOU TO PARTICIPATE IN THIS PROGRAM?

HAVE YOU EVER BEEN ARRESTED OR HAD A RESTRAINING ORDER TAKEN OUT AGAINST YOU? WHAT WERE THE CIRCUMSTANCES OR CHARGES AND WHAT WAS THE EVENTUAL OUTCOME?

HAVE YOU EVER PLACED A RESTRAINING ORDER AGAINST SOMEONE ELSE? WHAT WERE THE CIRCUMSTANCES AND WHAT WAS THE EVENTUAL OUTCOME?

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN IN THE MILITARY? IF SO, PLEASE DESCRIBE WHO, WHICH BRANCHES OF THE MILITARY, EACH PERSON'S DATES OF SERVICE, AND EACH PERSON'S TYPE OF DISCHARGE.

If you have been in the military, you will need to complete a form authorizing disclosure of your military records, including, without limitation, discharge papers, to the producers of this program.

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN THE SUBJECT OF ANY DISCIPLINARY PROCEEDINGS OR ACTIONS IN THE MILITARY? IF SO, PLEASE EXPLAIN:

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN A PARTY TO A CIVIL LAWSUIT? IF SO, PLEASE EXPLAIN:

IS THERE ANY PART OF YOUR LIFE YOU WOULD PREFER NOT TO SHARE?

DO YOU HAVE ANY FRIENDS OR FAMILY MEMBERS WHO WOULD OBJECT TO BEING ON OR WOULD PREFER NOT TO BE ON TELEVISION?

PLEASE USE THE SPACE BELOW TO TELL US ANYTHING ELSE YOU THINK WE SHOULD KNOW ABOUT YOU AND YOUR LIFE:

LIST 4 PEOPLE WHO HAVE KNOWN YOU FOR A LONG TIME AND WILL TELL US WHAT A GREAT PERSON YOU ARE (EXCLUDING RELATIVES):

	NAME	ADDRESS	PHONE	HOW DO THEY KNOW YOU?
1.				
2.				
3.				
4.				

PLEASE HELP US GET IN TOUCH WITH YOU. IF YOU HAVE OTHER PEOPLE (ROOMMATES, SIGNIFICANT OTHER, BOSS, RELATIVES, ETC.) WHO FREQUENTLY KNOW WHERE YOU ARE AND HOW TO GET IN TOUCH WITH YOU, PLEASE LIST THEM BELOW. AS WE CAST ON A SHORT SCHEDULE, GETTING IN TOUCH WITH YOU QUICKLY HELPS EVERYONE.

NAME:	RELATION:	PHONE:
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ELIGIBILITY REQUIREMENTS

1. YOU MUST BE AT LEAST 18 YEARS OF AGE.
2. YOU MUST BE A LEGAL RESIDENT OF THE UNITED STATES.
3. YOU MUST NOT BE A CANDIDATE FOR PUBLIC OFFICE AND MUST AGREE NOT TO BECOME ONE UNTIL AFTER ONE (1) YEAR AFTER THE INITIAL BROADCAST OF THE EPISODES OF THE PROGRAM IN WHICH YOU APPEAR, IF SELECTED AS A CONTESTANT.
4. NEITHER YOU, NOR ANY MEMBER OF YOUR IMMEDIATE FAMILY OR ANYONE LIVING IN YOUR HOUSEHOLD, MAY BE OR MAY HAVE BEEN WITHIN THE LAST TWO (2) YEARS AN EMPLOYEE, OFFICER, DIRECTOR OR AGENT OF ANY OF THE FOLLOWING:
 - (A) NBC UNIVERSAL, INC., USA CABLE ENTERTAINMENT LLC, UNIVERSAL FIRST-RUN TELEVISION LLC, OR ANY OF THEIR PARENT, SUBSIDIARY, AFFILIATED OR RELATED ENTITIES, OR ANY OF THEIR TELEVISION STATIONS (THE "NETWORK");
 - (B) LPA PRODUCTIONS ("PRODUCER");
 - (C) ANY SPONSOR OF THE PROGRAM OR ITS ADVERTISING AGENCY; OR
 - (D) ANY PERSON OR ENTITY SUPPLYING PRIZES OR OTHER SERVICES TO THE PROGRAM.

IN ADDITION, PRODUCER AND THE NETWORK RESERVE THE RIGHT TO RENDER INELIGIBLE ANY PERSON WHOM ANY OF THEM DETERMINES, IN ITS SOLE DISCRETION, IS SUFFICIENTLY CONNECTED WITH THE PRODUCTION, ADMINISTRATION, JUDGING, OR DISTRIBUTION OF THE PROGRAM, SUCH THAT HIS OR HER PARTICIPATION IN THE PROGRAM COULD CREATE THE APPEARANCE OF IMPROPRIETY.

5. IF SELECTED AS A PARTICIPANT YOU MUST EXECUTE WAIVERS AND RELEASE AGREEMENTS REQUIRED BY PRODUCER AND THE NETWORK OR ANY OF THEIR LICENSEES, SUCCESSORS OR ASSIGNS.
6. YOU WILL NEED TO BE AVAILABLE TO THE PRODUCTION IN DECEMBER 2005 AND TO BE WILLING TO TRAVEL TO VARIOUS LOCATIONS AS PART OF PRODUCTION.
7. YOU MUST BE WILLING TO SUBMIT MEDICAL INFORMATION TO THE PRODUCTION, AND YOU MUST BE WILLING TO SUBMIT TO A MEDICAL EXAMINATION, PSYCHOLOGICAL EXAMINATION, AND BACKGROUND CHECK.
8. YOU HEREBY GIVE THE FOLLOWING REPRESENTATIONS, WARRANTIES, ACKNOWLEDGEMENTS, CONSENTS AND RELEASES:

(A) BY SIGNING BELOW, I HEREBY REPRESENT, WARRANT, ACKNOWLEDGE, AND AGREE THAT: (I) I HAVE READ AND I MEET AND AGREE TO BE BOUND BY THE ELIGIBILITY REQUIREMENTS; (II) I HAVE COMPLETED THIS APPLICATION HONESTLY AND ACCURATELY; (III) IF ANY OF THE INFORMATION IN THIS APPLICATION IS FOUND TO BE FALSE OR INCOMPLETE, THIS WILL BE GROUNDS FOR DISMISSAL FROM THE PROGRAM CONTESTANT SELECTION PROCESS, AND/OR FROM THE PROGRAM CONTEST, IF SELECTED; (IV) EVEN IF I MEET THE ELIGIBILITY REQUIREMENTS, PRODUCER HAS NO OBLIGATION TO INTERVIEW ME, AND/OR SELECT ME AS A CONTESTANT; (V) EVEN IF I AM SELECTED AS A CONTESTANT, PRODUCER HAS NO OBLIGATION TO CONDUCT THE CONTEST OR PRODUCE THE PROGRAM AND THE NETWORK HAS NO OBLIGATION TO BROADCAST IT, EVEN IF PRODUCED; (VI) ALL DECISIONS BY PRODUCER CONCERNING SELECTION OF THE CONTESTANTS ARE FINAL AND NOT SUBJECT TO CHALLENGE OR APPEAL; AND (VII) PRODUCER HAS NO OBLIGATION TO RETURN ANY MATERIALS SUBMITTED BY ME AS PART OF THE APPLICATION WHETHER OR NOT I AM SELECTED AS A CONTESTANT.

(B) BY SUBMITTING THIS APPLICATION, I HEREBY CONSENT TO THE RECORDING, USE AND REUSE BY PRODUCER, THE NETWORK, AND ANY OF THEIR RESPECTIVE LICENSEES, SUCCESSORS, ASSIGNEES, PARENTS, SUBSIDIARIES, OR AFFILIATED ENTITIES, AND EACH OF THEIR RESPECTIVE EMPLOYEES, AGENTS, REPRESENTATIVE, OFFICERS AND DIRECTORS (COLLECTIVELY "**RELEASEES**") OF MY VOICE, ACTIONS, LIKENESS, NAME, APPEARANCE, BIOGRAPHICAL MATERIAL, AND ANY INFORMATION CONTAINED IN, DERIVED FROM OR OBTAINED IN CONNECTION WITH MY APPLICATION TO BE A CONTESTANT IN THE PROGRAM OR IN ANY MATERIALS SUBMITTED BY ME IN CONNECTION WITH MY APPLICATION (COLLECTIVELY "**LIKENESS**"), AS EDITED, ALTERED, OR MODIFIED BY THE PRODUCER OR BY ANY OF THE OTHER RELEASEES, IN ANY AND ALL MEDIA NOW KNOWN OR HEREAFTER DEvised, WORLDWIDE IN PERPETUITY, IN OR IN CONNECTION WITH THE PROGRAM. I AGREE THAT THE RELEASEES OR ANY OF THEM 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 THE RELEASEES EXCLUSIVELY OWN ALL RIGHT, TITLE, AND INTEREST (INCLUDING, WITHOUT LIMITATION, ALL COPYRIGHTS) IN AND TO ANY AND ALL RECORDINGS MADE BY THEM AND IN AND TO ANY AND ALL 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 OR THE PROGRAM (COLLECTIVELY, 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 WORLDWIDE, 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 PROGRAM IN ANY MANNER WHATSOEVER. I RELEASE RELEASEES FROM ANY AND ALL LIABILITY ARISING OUT OF THE RECORDING OR USE OF MY LIKENESS AND/OR THE MATERIALS. I AGREE NOT TO MAKE ANY CLAIM AGAINST RELEASEES AS A RESULT OF THE RECORDING OR USE OF MY LIKENESS AND/OR THE MATERIALS (INCLUDING,

WITHOUT LIMITATION, ANY CLAIM THAT SUCH USE DEFAMES ME OR INVADES ANY RIGHT OF PRIVACY AND/OR PUBLICITY). I UNDERSTAND THAT I WILL NOT BE PAID ANY MONEY FOR GIVING RELEASES THESE RIGHTS OR FOR SIGNING THIS AGREEMENT.

(C) I HEREBY AUTHORIZE PRODUCER AND ANY PERSON OR ENTITY DESIGNATED BY PRODUCER TO INVESTIGATE, ACCESS AND COLLECT INFORMATION ABOUT ME, ABOUT ANY OF THE STATEMENTS MADE BY ME IN MY APPLICATION, THIS AGREEMENT, ANY SUPPORTING DOCUMENTS AND ANY OTHER DOCUMENTS THAT I HAVE SIGNED OR PROVIDED OR DO SIGN OR PROVIDE IN CONNECTION WITH MY APPLICATION TO BE SELECTED AS A CONTESTANT IN THE PROGRAM, OR ANY OTHER WRITTEN OR ORAL STATEMENTS I MAKE IN CONNECTION THEREWITH. I IRREVOCABLY AUTHORIZE PRODUCER AND ANY PERSON OR ENTITY DESIGNATED BY PRODUCER TO SECURE INFORMATION ABOUT ME AND MY EXPERIENCES FROM MY CURRENT AND 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 HEREBY UNCONDITIONALLY AND IRREVOCABLY RELEASE AND FOREVER DISCHARGE PRODUCER, THE PERSONS OR ENTITIES DESIGNATED BY PRODUCER, AND ALL SUCH PARTIES AND PERSONS FROM ANY AND ALL LIABILITIES ARISING OUT OF OR IN CONNECTION WITH ANY SUCH INVESTIGATION. I SPECIFICALLY AUTHORIZE INVESTIGATION OF MY EMPLOYMENT RECORDS, MEDICAL RECORDS, AND GOVERNMENT RECORDS, INCLUDING BUT NOT LIMITED TO MY MOTOR VEHICLE RECORDS, CRIMINAL RECORDS AND CREDIT AND/OR CONSUMER REPORT(S). I ACKNOWLEDGE AND AGREE THAT ANY SUCH INFORMATION OBTAINED BY PRODUCER OR BY ANY PERSON OR ENTITY DESIGNATED BY PRODUCER PURSUANT TO THIS PARAGRAPH OR OTHERWISE MAY BE USED FOR PURPOSES OF SELECTING CONTESTANTS IN THE PROGRAM, AND MAY BE DESCRIBED OR OTHERWISE RELATED IN AND IN CONNECTION WITH THE PROGRAM.

(D) I HEREBY AUTHORIZE PRODUCER AND ANY PERSON OR ENTITY DESIGNATED BY PRODUCER TO CONDUCT PSYCHOLOGICAL AND PHYSICAL EXAMINATIONS OF ME AS REQUIRED BY PRODUCER. I FURTHER AUTHORIZE THE INDIVIDUALS CONDUCTING SUCH EXAMINATIONS OF ME TO DISCLOSE TO PRODUCER AND THEIR REPRESENTATIVES ALL INFORMATION ABOUT ME OBTAINED IN CONNECTION WITH SUCH EXAMINATIONS, AND AUTHORIZE PRODUCER TO UTILIZE SUCH INFORMATION IN SELECTING CONTESTANTS FOR THE PROGRAM.

(E) WHETHER OR NOT I AM SELECTED TO BE A PARTICIPANT ON THE PROGRAM, I SHALL KEEP IN STRICTEST CONFIDENCE AND SHALL NOT DISCLOSE TO ANY OTHER APPLICANT, PARTICIPANT OR OTHER THIRD PARTY AT ANY TIME (I.E., PRIOR TO, DURING, OR AFTER THE TAPING OR BROADCAST OF ANY EPISODE OF THE PROGRAM) ANY INFORMATION OR MATERIALS OF ANY KIND, INCLUDING WITHOUT LIMITATION, ANY INFORMATION OR MATERIALS CONCERNING OR RELATING TO PRODUCER OR TO THE NETWORK, THE BUSINESS OF PRODUCER OR THE NETWORK, ANY PROGRAM PRODUCED BY PRODUCER AND/OR BROADCAST BY THE NETWORK, INCLUDING, WITHOUT LIMITATION, ANY INFORMATION CONCERNING OR RELATING TO THE PROGRAM, THE PROGRAM APPLICANTS, THE PROGRAM PARTICIPANTS, THE LOCATION(S) OF THE PROGRAM, THE EVENTS CONTAINED IN THE PROGRAM, OR THE OUTCOME OF ANY CONTEST IN OR EPISODE OF THE PROGRAM, THAT I READ, HEAR OR OTHERWISE ACQUIRE OR LEARN IN CONNECTION WITH OR AS A RESULT OF MY APPLYING TO BE A PARTICIPANT ON THE PROGRAM OR (IF I AM SELECTED TO BE A PARTICIPANT) AS THE RESULT OF MY EXPERIENCES AS A PARTICIPANT ON THE PROGRAM (COLLECTIVELY, THE "INFORMATION AND MATERIALS"). I ACKNOWLEDGE AND AGREE THAT THE INFORMATION AND MATERIALS ARE CONFIDENTIAL AND THE EXCLUSIVE PROPERTY OF PRODUCER AND/OR THE NETWORK. AT NO TIME WILL I EVER, DIRECTLY OR INDIRECTLY, DIVULGE IN ANY MANNER OR USE OR PERMIT OTHERS TO USE ANY OF THE INFORMATION OR MATERIALS.

(F) I ACKNOWLEDGE THAT IN THE EVENT I BREACH THE CONFIDENTIALITY OR ANY OTHER PROVISIONS OF THIS APPLICATION, MY BREACH MAY, IN THE SOLE DISCRETION OF PRODUCER AND/OR THE NETWORK RESULT IN MY BEING DISQUALIFIED TO PARTICIPATE AS A PARTICIPANT IN THE PROGRAM. I FURTHER ACKNOWLEDGE THAT A BREACH BY ME OF ANY OF THE CONFIDENTIALITY PROVISIONS OF THIS APPLICATION WOULD CAUSE PRODUCER AND THE NETWORK IRREPARABLE INJURY AND DAMAGE THAT CANNOT BE REASONABLY OR ADEQUATELY COMPENSATED BY DAMAGES IN AN ACTION AT LAW, AND, THEREFORE, I HEREBY EXPRESSLY AGREE THAT PRODUCER AND THE NETWORK SHALL BE ENTITLED TO INJUNCTIVE AND OTHER

EQUITABLE RELIEF TO PREVENT AND/OR CURE ANY BREACH OR THREATENED BREACH OF ANY OF THE CONFIDENTIALITY PROVISIONS OF THIS APPLICATION BY ME. I ALSO RECOGNIZE THAT PROOF OF DAMAGES SUFFERED BY PRODUCER AND THE NETWORK IN THE EVENT THAT I BREACH ANY OF THE CONFIDENTIALITY PROVISIONS OF THIS APPLICATION WILL BE COSTLY, DIFFICULT, OR INCONVENIENT. ACCORDINGLY, I AGREE TO PAY PRODUCER AND THE NETWORK THE SUM OF ONE MILLION DOLLARS (\$1,000,000.00) PER BREACH PLUS DISGORGEMENT OF ANY INCOME THAT I MAY RECEIVE IN CONNECTION WITH MY BREACH AS LIQUIDATED DAMAGES IN THE EVENT I BREACH ANY OF THE CONFIDENTIALITY PROVISIONS OF THIS APPLICATION PRIOR TO THE INITIAL BROADCAST OF THE FINAL EPISODE OF THE PROGRAM. I AGREE THAT ONE MILLION DOLLARS (\$1,000,000.00) PLUS DISGORGEMENT OF ANY INCOME THAT I MAY RECEIVE IN CONNECTION WITH MY BREACH IS A REASONABLE ESTIMATE OF THE AMOUNT OF DAMAGES PRODUCER AND THE NETWORK ARE LIKELY TO SUFFER IN THE EVENT I BREACH ANY OF THE CONFIDENTIALITY PROVISIONS OF THIS APPLICATION PRIOR TO THE INITIAL BROADCAST OF THE FINAL EPISODE OF THE PROGRAM, CONSIDERING ALL OF THE CIRCUMSTANCES EXISTING AS OF THE DATE OF THIS APPLICATION. IN ADDITION, I AGREE TO PAY PRODUCER AND THE NETWORK THE SUM OF ONE HUNDRED THOUSAND DOLLARS (\$100,000.00) PER BREACH PLUS DISGORGEMENT OF ANY INCOME THAT RESULTS FROM MY BREACH AS LIQUIDATED DAMAGES IN THE EVENT I BREACH ANY OF THE CONFIDENTIALITY PROVISIONS OF THIS APPLICATION AFTER THE INITIAL BROADCAST OF THE FINAL EPISODE OF THE PROGRAM. I AGREE THAT ONE HUNDRED THOUSAND DOLLARS (\$100,000.00) PLUS DISGORGEMENT OF ANY INCOME IS A REASONABLE ESTIMATE OF THE AMOUNT OF DAMAGES PRODUCER AND THE NETWORK ARE LIKELY TO SUFFER IN THE EVENT I BREACH ANY OF THE CONFIDENTIALITY PROVISIONS OF THIS APPLICATION AFTER THE INITIAL BROADCAST OF THE FINAL EPISODE OF THE PROGRAM, CONSIDERING ALL OF THE CIRCUMSTANCES EXISTING AS OF THE DATE OF THIS APPLICATION.

(G) AS USED HEREIN, "PRODUCER" SHALL INCLUDE LPA PRODUCTIONS, ITS LICENSEES, SUCCESSORS AND ASSIGNS, AND EACH OF THEIR RESPECTIVE PARENTS, SUBSIDIARIES, AND AFFILIATES, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, LICENSEES AND ASSIGNS. I AGREE THAT PRODUCER MAY LICENSE, ASSIGN, AND OTHERWISE TRANSFER THIS APPLICATION AND ALL RIGHTS GRANTED BY ME UNDER THIS APPLICATION TO ANY PERSON OR ENTITY.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE FOREGOING.

SIGNATURE _____ DATE: _____

PRINTED NAME _____

PLEASE BE SURE TO SIGN AND DATE BOTH THE AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER, INVESTIGATIVE OR BUSINESS REPORT, AND THE CERTIFICATION OF VERACITY, ON THE FOLLOWING PAGES. ALSO, PLEASE BE SURE TO STAPLE A PHOTOCOPY OF YOUR DRIVER'S LICENSE, PASSPORT, OR OTHER GOVERNMENT/SCHOOL-ISSUED ID TO THIS PACKET, ALONG WITH YOUR MILITARY DISCHARGE PAPERS (IF APPLICABLE).

IF YOU FAIL TO DO ANY OF THESE THINGS, YOUR APPLICATION WILL NOT BE CONSIDERED.

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS FORM.

**AUTHORIZATION AND RELEASE
FOR THE PROCUREMENT OF A CONSUMER, INVESTIGATIVE OR BUSINESS REPORT**

I, the undersigned consumer, do hereby authorize NBC Universal, Inc., USA Cable Entertainment LLC, Universal First-Run Television LLC (collectively, the "Network"), and LPA Productions ("Producer"), by and through their representatives or any independent contractor they may designate in their sole discretion, to perform background checks, to procure, review and evaluate a consumer report, investigative consumer report, and/or business report on me to assist in their determining my suitability for the project in which I am seeking to participate. These records may include, but are not limited to, employment and education records; military history records; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and past addresses, and criminal and civil history / records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer or business report prepared on me upon my written request to Investigator or any other independent contractor that Producer or the Network may have designated in their sole discretion to perform background checks, that is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681, *et seq.*

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to Producer and the Network, by and through Investigator, or any other independent contractor that Producer or the Network may have designated in their sole discretion to perform background checks, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Producer, the Network, and each of their respective parent and affiliated companies, any other independent contractor that any of them may designate in their sole discretion to perform background checks, and each of their respective officers, directors, agents and employees, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, reviewing, evaluating, and/or assisting with the compilation or preparation of the investigation, consumer report, investigative consumer report and/or business report hereby authorized.

PRINT NAME (as it appears on your drivers license):

First: _____ Middle: _____ Last: _____

Signature: _____ Date: _____

Maiden Name, Aliases or Other Names Used: _____

Current Address: _____

Street Number/P.O. Box	Street Name	Apt #
------------------------	-------------	-------

City	State	Zip Code	County	Country
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Previous Address: _____

Street Number/P.O. Box	Street Name	Apt #
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City	State	Zip Code	County	Country
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Daytime Phone#: _____ Cell#: _____

Drivers License#: _____ State License Was Issued: _____

CERTIFICATION OF VERACITY

1. I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN THE TELEVISION PROGRAM CURRENTLY ENTITLED "GREAT AMERICAN CHRISTMAS" (THE "PROGRAM") BEING PRODUCED BY LPA PRODUCTIONS ("PRODUCER") FOR POSSIBLE BROADCAST OR OTHER EXHIBITION BY NBC UNIVERSAL, INC., USA CABLE ENTERTAINMENT LLC, UNIVERSAL FIRST-RUN TELEVISION LLC, OR ANY OF THEIR PARENT, SUBSIDIARY, AFFILIATED OR RELATED ENTITIES, OR ANY OF THEIR TELEVISION STATIONS, NETWORKS, OR CHANNELS (THE "NETWORK"). IN ORDER TO BE CONSIDERED AS A PARTICIPANT IN THE PROGRAM, I HAVE MADE AND WILL MAKE STATEMENTS AND REPRESENTATIONS TO PRODUCER AND TO THE NETWORK REGARDING MYSELF AND MY BACKGROUND. I UNDERSTAND THAT THIS INFORMATION IS BEING RELIED UPON BY PRODUCER AND BY THE NETWORK IN CONSIDERING ME FOR SELECTION AS A PARTICIPANT IN THE PROGRAM.

2. I HEREBY CERTIFY, REPRESENT AND WARRANT THAT ALL STATEMENTS, DISCLOSURES AND REPRESENTATIONS MADE BY ME IN MY APPLICATION TO PARTICIPATE IN THE PROGRAM, IN ANY OTHER DOCUMENT OR AGREEMENT THAT I HAVE SIGNED OR WILL SIGN IN CONNECTION WITH THE PROGRAM OR MY PARTICIPATION IN THE PROGRAM, AND THAT I OTHERWISE PROVIDE TO PRODUCER, TO THE NETWORK, OR TO ANYONE ACTING ON THEIR BEHALF, ARE **TRUE, ACCURATE AND COMPLETE**. WITHOUT IN ANY WAY LIMITING THE FOREGOING, I CERTIFY THAT I HAVE NOT WITHHELD OR MISCHARACTERIZED ANY INFORMATION REGARDING MYSELF, MY BACKGROUND.

3. IF ANY STATEMENT, DISCLOSURE OR REPRESENTATION IS FALSE, MISLEADING OR INCOMPLETE, PRODUCER AND/OR THE NETWORK MAY REMOVE ME FROM CONSIDERATION AS A PARTICIPANT IN THE PROGRAM, MAY REMOVE ME FROM THE PROGRAM, AND/OR MAY WITHHOLD FROM ME OR CAUSE ME TO RETURN ANY PRIZES, MONIES, OR OTHER ITEMS THAT I HAVE WON OR RECEIVED, INCLUDING, WITHOUT LIMITATION, ANY PRIZES, MONIES, OR OTHER ITEMS ALREADY DELIVERED TO ME.

4. I ALSO RECOGNIZE THAT PROOF OF DAMAGES SUFFERED BY PRODUCER AND THE NETWORK IN THE EVENT THAT I BREACH ANY PROVISION OF THIS CERTIFICATION WILL BE COSTLY, DIFFICULT AND/OR INCONVENIENT. ACCORDINGLY, I AGREE TO PAY PRODUCER AND THE NETWORK THE SUM OF ONE HUNDRED THOUSAND DOLLARS (\$100,000) PER BREACH PLUS DISGORGEMENT OF ANY MONEY OR THE VALUE OF ANYTHING THAT I MAY RECEIVE IN CONNECTION WITH MY BREACH AS LIQUIDATED DAMAGES IN THE EVENT I BREACH ANY PROVISION OF THIS CERTIFICATION. FURTHERMORE, I WILL INDEMNIFY AND HOLD HARMLESS PRODUCER, THE NETWORK, AND THEIR RESPECTIVE PARENT, SUBSIDIARY AND AFFILIATED COMPANIES, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVE AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CLAIMS, ACTIONS, DAMAGES, LIABILITIES, LOSSES, COSTS AND EXPENSES (INCLUDING, WITHOUT LIMITATION, ATTORNEY'S FEES) THAT IN ANY WAY ARISE OUT OF OR RESULT FROM MY BREACH OF ANY PROVISION OF THIS CERTIFICATION.

ACCEPTED AND AGREED:

SIGNATURE _____ DATE: _____

PRINTED NAME _____