

“BEAT BOBBY FLAY” SEASON 26-29 APPLICATION

PLEASE READ THE RULES/ELIGIBILITY REQUIREMENTS BEFORE COMPLETING THIS APPLICATION.

By completing this application, you agree to be bound by the Rules and represent that you satisfy all of the eligibility requirements. Please remember that any response provided by you as an applicant is subject to verification.

APPLICATION SIGNATURE PAGE

You must provide the following documents when submitting your application. Failure to do so will result in delaying the processing of your application and/or may result in eliminating you from further consideration:

- One (1) legible photocopy of EITHER (a) your passport; OR (b) driver’s license AND (i) social security card, OR (ii) birth certificate
- Executed Release & Waiver and Exhibit A-Eligibility Requirements

This questionnaire and any other material submitted by you, including, but not limited to, pictures, film and videotapes, becomes the property of Rock Shrimp Productions NY LLC, Television Food Network, G.P., Scripps Networks, LLC and their respective licensees, assigns, parents, agents, subsidiaries or affiliated entities, employees, officers, directors and agents (collectively, the “Producer”) and shall not be returned and may be used by Producer in any manner in all media, worldwide, in perpetuity. You further understand that by submitting this questionnaire, Producer has no obligation to accept you and your selection and participation in the “Beat Bobby Flay” is in no way guaranteed, as it is merely for the purpose of evaluating potential participants.

You acknowledge that your signature below authorizes Producer to conduct civil, family court, criminal, financial, driver history and any other type of background check deemed necessary by Producer. Producer reserves the right to disqualify you from further consideration based on the results of such background check in Producer’s sole discretion.

You acknowledge all the information provided on this questionnaire is true and accurate, and any false or misleading information submitted herein is grounds for your immediate elimination from consideration.

I have signed this Release & Waiver and Rules & Eligibility Requirements:

Signature _____

Name (please print) _____

Date _____