



**Miss
Jackson Crossroads**
SCHOLARSHIP PAGEANT

Aspire!

Inspire!

Succeed!

2015 LOCAL CONTESTANT CONTRACT

Application and Contract for Participation in the 2015 MISS JACKSON CROSSROADS SCHOLARSHIP PAGEANT

Contestant: _____

Section 1: Introduction

1.1 The Miss Jackson County Organization is a 501(c)3 not-for-profit corporation organized under the laws of the State of Michigan and operates under a licensing agreement from Miss Michigan Scholarship Pageant, Inc. The Miss Jackson County Organization operates a program offering educational scholarship assistance and career opportunities for the young women of Jackson County. In doing so, the Miss Jackson County Organization has made substantial investments in, and has developed a valuable identity for, the unique symbols and elements of the Miss America Program that have achieved national and even international recognition and approval. These elements include but are not limited to (1) providing educational assistance in the form of scholarships to young adult women who have not yet begun to assume the responsibilities of family life and are interested in career and educational advancement; (2) recognizing and honoring the traits of honesty, good character, talent, poise, intellect, leadership and good judgment in the young women of America who enter the competition (the "Contestants"); and (3) enabling the Contestants to serve as role models for other young women with similar goals and personal characteristics.

1.2 The Miss Jackson County Organization intends to conduct a competition for the title of "Miss Jackson Crossroads 2015" at the Potter Center located on the Jackson College campus on January 10, 2015. The competition is a critically important, and the single most visible and widely recognized, element of the Program. The competition is conducted in a fashion that is designed to combine a respect for the traditional and historic foundations of the Program with recognition of the perceived modern tastes and values of the American people.

1.3 The winner of the competition shall be designated "Miss Jackson Crossroads 2015" and shall be entitled to that title until her successor is named at the competition in January 2016. During this period (the "Year of Service"), the duties of Miss Jackson Crossroads 2015 may include travel and participation in personal appearances throughout the County and State. These activities are designed, scheduled, arranged and supervised by the Miss Jackson County Organization in order to reflect the values and standards of the Program and to enhance its visibility and maintain its broad public acceptance. The Miss Jackson County Organization has also developed detailed procedures that govern the activities and conduct of Miss Jackson Crossroads during her Year of Service. These procedures and standards are intended to protect and enhance the substantial public acceptance of the Program among the American people, and to ensure that the Program will continue to be able to operate for the benefit of the thousands of young women who will be seeking to participate in the Program in future years.

1.4 In seeking to participate in the competition, each contestant must understand and accept the requirements of the Program, including the rules for the contestants and the guidelines and limitations that will be applicable to her activities during her Year of Service if she is selected Miss Jackson Crossroads 2015. In addition, each Contestant must understand and accept that the Miss Jackson County Organization's approval of the Contestant's participation in the competition and, if selected, service as Miss Jackson Crossroads 2015 will be specifically based upon the representations and agreements in this Application and Contract, its attachments and the continued compliance with all of the regulations of the Program. In such regard, I acknowledge that my ability to compete in the pageant shall be subject to review at each level of competition that I enter and that the determination of my eligibility to compete in the competition shall not in and of itself be the basis of my eligibility to compete in the Local, State and/or National Finals.

1.5 Therefore, by signing this Application and Contract and submitting it to the Miss Jackson County Organization for approval, the Contestant represents and agrees that (1) all facts and representations contained in this Application and Contract and its attachments are true and accurate; (2) the Contestant agrees to abide by all rules and regulations of the Miss Jackson County Organization described in this Application and Contract and its attachments, in the period before and during the Year of Service; and (3) the Contestant meets each requirement for eligibility set forth in Section 2 of this Contract; and (4) the Miss Jackson County Organization shall have the sole discretion to determine whether, in its judgment, the Contestant may continue to participate in the Miss Jackson Crossroads Program, in the event that the Miss Jackson County Organization determines that any statement or representation by the Contestant is not true and accurate or that any action by the contestant is inconsistent with the rules and regulations of the Program.

Section 2: Eligibility of Contestant to Participate in the Miss Jackson Crossroads Program

2.1 I have never before competed in any national finals of the Miss America Organization.

2.2 Age. I am currently _____ years of age. I was born on _____. I understand that, in order to be eligible to compete, I must: (1) be a high school senior before the date of my first Local competition; (2) have been at least seventeen (17) years of age at the time of my first appearance in the Local or State competition that I am entering in anticipation of this year's National Finals, and (3) be no older than twenty-three (23) years of age on December 31, 2014. A copy of my birth certification is included with Attachment A of this Application and Contract.

2.3 Residence. I understand that, in order to compete in this local competition in anticipation of this year's State Finals, I must reside in, or be enrolled in and physically attending classes on a full-time basis at an accredited college or university in, or be employed on a full-time basis in Jackson County which I intend to represent in the State Finals.

2.3.1 If I am claiming eligibility to compete in the Miss Jackson Crossroads Scholarship Pageant based upon my residency in Jackson County, I must have been a resident of Jackson County for at least six (6) months prior to the pageant. Residence is defined as the primary address that I use to establish residency for my driver license, automobile registration, tax filings, etc. I currently reside at _____ in the city of _____, State of Michigan. I have resided at this address since _____. I have included a copy of my driver's license or a

government issued identification card and proof of this residency in the form of automobile registration, current lease, or other official document establishing residency to Attachment A. If my residency at this location was established within six (6) months preceding this competition, my last previous residence was at _____ in the city of _____, State of Michigan. I lived at that address from _____(date) to _____(date). If requested, I agree to provide the Miss Jackson County Organization with any additional information or documents that may be required within five (5) business days of the request to determine my residency in Jackson County. I understand that additional proof of residency may include a lease, utility bill, and/or automobile registration.

2.3.2 If I am claiming eligibility to compete based upon my status as a student in Jackson County, I must have (a) successfully completed at least one semester as a full time (at least 12 credit hours) student, and presently be enrolled and physically attending classes on a full time basis at an accredited college or university in Jackson County, or (b) have graduated from an accredited college or university in Jackson County. For purposes of this Section 2.3.2, I understand that my physical attendance at classes in Jackson County is requirement for eligibility to compete based upon my status as a student. I also understand that no more than two (2) full time semesters may have elapsed between the completion of my last full time semester and the beginning of the next full time semester that I am attending a college or university in Jackson County. (Please check and fill in the statement that applies.)

() I have completed _____ semesters of study at _____ (University/College) located in the city of _____, County of Jackson. I have received credits for courses totaling _____ hours. I have attached to the Supplemental Fact Sheet (Attachment A of this Application and Contract) an official College/University transcript that shows these credits.

() I am currently enrolled at _____ College/University in the city of _____, County of Jackson, where I am presently attending classes in _____ accredited courses. I represent and warrant that I am considered a “full time student” by the college or university I attend and that I am physically attending classes in Jackson County. I have attached to the Supplemental Fact Sheet an official copy of a registration form from the school that shows this enrollment.

() I received a _____ degree from _____ College/University in the city of _____, County of Jackson in _____ (month/year). I have attached to the Supplemental Fact Sheet a copy of this degree or an official College/University transcript indicating the degree awarded.

() I have completed _____ semesters of study at _____ Graduate School in the City of _____, County of Jackson. I have received credits for courses totaling _____ hours. I have attached to the Supplemental Fact Sheet an official College/University transcript to that shows these credits.

() I am currently enrolled at _____ Graduate School, in the city of _____, County of Jackson, where I am presently attending classes in _____ accredited courses. I represent and warrant that I am considered a “full time student” by the Graduate School I attend and that I am physically attending classes in Jackson County. I have attached to the

Supplemental Fact Sheet an official copy of a Registration Form from the school that shows this enrollment.

() I received a _____graduate degree from _____Graduate School in the city of _____, County of Jackson. I have attached to the Supplemental fact Sheet a copy of this degree of an official College/University transcript indicating the degree awarded.

2.3.3 If I am claiming eligibility to compete based upon my employment in Jackson County, I must have been employed in Jackson County on a full time basis (at least 40 hours per week) for at least six (6) months immediately prior to the competition.

Name of Current Employer: _____

Address of Employer: _____

Phone Number of Employer: (____) _____

Title or Position with Employer: _____

Dates of Employment: _____

If requested, I agree to provide the Miss Jackson County Organization with any additional information or documents that may be required within five (5) business days of the request to determine my employment in Jackson County, if my employment is relevant to my eligibility. I understand that additional information to establish employment may include paystubs, W-2 forms, income tax filings, etc.

2.4 Citizenship. I am a citizen of the United States of America.

2.5 Education. In order to be eligible to compete, I must be a high school senior no later than the date of my first competition or have successfully completed the G.E.D. testing program for high school equivalency, or have successfully completed the academic requirements for entry into an accredited college/university degree program requiring physical attendance by the July 30th immediately preceding the Miss America National Finals.

() I received a High School diploma in _____(month/year) from _____ High School in the city of _____, County of Jackson.

() I received a G.E.D. certificate for High School equivalency in _____(month/year).

() I have been accepted into an accredited College/University degree program requiring physical attendance. I have attached an official Acceptance Letter from the College/University.

2.6 Personal Characteristics. I understand that in order to be eligible to compete in the Miss Jackson Crossroads Scholarship Pageant, I must certify to the Personal Characteristics set forth in this section:

2.6.1 Gender. I am a female.

2.6.2 Marital Status. I am not now and I have never been married, nor have I had a marriage annulled.

2.6.3 Parental Status. I am not now pregnant. I have never been pregnant. I am not the adoptive parent of any child nor will I become the adoptive parent of any child during my Year of Service.

2.6.4 Good Character. I am of good moral character and I have not been involved at any time in any act of moral turpitude or behavior that is, or could be, perceived by the Miss Jackson County Organization as contrary to the Miss America Program or its elements as described in Paragraph 1.1 of this Application and Contract.

2.6.5 Criminal Record. I have not been charged with multiple minor or petty offenses in the last twenty-four months. I have never been convicted of any criminal offense and there are no criminal charges presently pending against me. I understand that I may make an appeal to MAO if criminal offenses/charges in my state are considered minor or petty offenses in another state. This appeal must be presented to MAO through legal counsel of my choice.

2.6.6 Prior Conduct. I have never, knowingly or unknowingly, performed any act, or engaged in any activity or employment that is or the Miss Jackson County Organization could characterize as dishonest, immoral, lewd or indecent.

2.6.7 Health. I am in good health and can, to the best of my knowledge, participate fully in any and all Program activities. Any current medical condition or disability will not impede my ability to participate and compete in all activities of the Miss Jackson Crossroads Scholarship Pageant, complete my Year of Service, fulfill my obligations under this Agreement or require unreasonable or exceptional assistance as determined solely by the Miss Jackson County Organization. Any accommodations approved by the Miss Jackson County Organization will be my sole responsibility, including but not limited to financial, nor should such accommodation create a benefit or advantage not afforded to all contestants. Upon the request of the Miss Jackson County Organization, I will provide to, or cause my health care provider(s) to, provide the Miss Jackson County Organization with all or a portion of my health care records as necessary to verify the accuracy of this representation.

2.6.8 Substance Abuse. I do not use or consume any illegal or controlled substances other than those obtained pursuant to a valid prescription and taken according to the directions of a licensed health care professional. I do not abuse the use of alcohol, prescriptive drugs or other dangerous substances.

2.6.9 Family Volunteers. Any immediate family member who served in any capacity on the board of the County, State or National Organization or as a volunteer must have formally resigned at least six (6) months prior to the time that I am eligible to compete in my first local competition. Immediate Family is defined as parents, grandparents, aunts, uncles and siblings whether by whole or half blood, by marriage including step-children, adoption or natural relation. This six (6) month

rule also pertains to the local organization's board and volunteers with respect to their immediate family. However, pertaining to local competitions, I am eligible to enter another local organization where an immediate family member does not serve in any capacity within my state and they may maintain their position in their local organization.

2.7 Contractual and Other Obligations.

2.7.1 National Service Platform Requirement. The Miss America Organization has entered into an agreement with the Children's Miracle Network Hospitals. The agreement, among other things, establishes Children's Miracle Network Hospitals as the Miss America Organization's National Platform. As a contestant in the Miss America program, I understand that I am required to raise money in support of Children's Miracle Network Hospitals and the Miss America Scholarship Fund:

2.7.1.1 As a Local contestant, I understand that I am required to raise a minimum of One Hundred Dollars (\$100.00) by a date determined by the Miss Jackson County Organization, but no later than the beginning of local pageant activities.

2.7.1.2 As the Local titleholder, Miss Jackson Crossroads 2015, I understand that I am required to raise a minimum of two hundred and fifty dollars (\$250.00) by a date determined by my state organization, no later than the beginning of state pageant activities.

2.7.1.3 As the State titleholder, Miss Michigan 2015, I understand that I am required to raise a minimum of five (\$500.00), no later than thirty (30) days prior to the National Finals.

In furtherance of the foregoing, I will create a personal profile on www.MissAmericaforkids.org, the official fundraising site, which will assist me in performing other acts and deeds in accordance with the instructions and requirements of the MAO, as the same may change from time to time.

2.7.2 Prior Contractual Commitments. Within three (3) months prior to my participation in the Miss Jackson Crossroads Scholarship Pageant 2015, and since that participation, I have not authorized any person, firm or corporation to use my name, photograph, picture, or present or future title that I hold or may hold, in connection with an endorsement to advertise any commercial product. I have not contracted with any personal training services in preparation for the State Pageant Finals. I am not a party to any contract with any person, firm or corporation with respect to any present title that I hold or may hold, nor have I made any commitments for the future regarding any such titles. I do not have any legal obligations that would prevent or limit my participation and appearances in the Miss Jackson Crossroads competition, any other Local Competition, State Competition, the National Finals or, if selected as Miss America, in the Year of Service, or my compliance with the rules, regulations and conditions of the Program.

2.7.3 Other Competition. If I win, I will compete as the titleholder at the Miss Michigan Pageant held in Muskegon, Michigan in June 2015. Following the Miss Michigan Pageant, I may compete in a Miss America licensed "open" pageant in Michigan before my successor is selected or appointed. If I choose to compete in an open pageant, I will make a timely written request to the Miss Jackson Crossroads Board of Directors notifying them of scheduled competitions and will be held without penalty receiving scholarships and awards earned. I will remain the Miss Jackson Crossroads 2015 titleholder and agree to return and crown my successor. I agree that, during my Year of Service in that role and until after the scheduled completion of the full term of the position of Miss Jackson Crossroads 2015 for which I was selected, I will not associate in any way with, promote, judge or become a contestant or participant

in any other national or international competition or preliminary competition of a similar nature to the National Finals. I also represent that, since I received my Miss Jackson Crossroads 2015 in competition for the title of Miss Michigan 2015, I have not been a contestant or participant in any other national or international competition or local or state preliminary competition of a similar nature to the National Finals.

2.7.4 Use of the Miss Jackson County Organization Titles, Words and Symbols. After the conclusion of my Year of Service, if I am advised by the Miss Jackson County Organization that in its sole and exclusive judgment, my use of any of the titles, words or symbols associated with the Miss Jackson County Organization or the Miss American Organization and its Program has caused or is reasonably likely to cause harm, I agree to discontinue any such use immediately. I understand and agree that the judgment of the Miss Jackson Organization shall be final and binding.

2.7.5 If selected Miss Jackson Crossroads 2015, I shall not use, not allow another party to use my status while appearing in an official capacity as Miss Jackson Crossroads 2015, for the public announcement of a marriage proposal or marriage engagement, unless the Miss Jackson County Organization has specifically granted me written permission to make a public announcement of a marriage proposal or engagement.

2.7.6 If selected Miss Jackson Crossroads 2015, my actions and conduct will be representative of the integrity and esteem of the Miss America Organization. I acknowledge that I am an official representative of the Miss Jackson County Organization and I will not engage in any actions or behavior that could be perceived by the Miss Jackson County Organization as contrary to the Miss America Program or its elements.

2.7.7 Attorney Review of Application and Contract. I have been given a sufficient opportunity to review this Application and Contract and its attachments, including the Supplemental Fact Sheet (Attachment A); Medical Information Form (Attachment B); the Scholarship Rules and Regulations (Attachment C). I have also had the opportunity to consult with an attorney of my own choosing to give me legal advice with regard to this Application and Contract. I understand that this Application and Contract is a legal document and that, if I sign and submit it to the Miss Jackson County Organization and it is accepted, I have agreed to be bound by this Application and Contract and its attachments.

2.7.8 Changes in Circumstances. I understand and agree that if, at any time after I file this Application and Contract with the Miss Jackson County Organization, including during my Year of Service, any of the facts stated in this Application and Contract or its attachments including, but not limited to, those related to my ability to fully participate in all activities should change at any time, I am obligated to report any such change in writing immediately to the Miss Jackson County Organization. I also understand that, if I fail to do so, the Miss Jackson County Organization may, in its sole discretion, determine to limit or prevent my participation or to terminate my Year of Service as Miss Jackson Crossroads 2015.

Section 3: Personal and Professional Background Information

3.1 Employment History.

3.1.1. Present Employment. I am presently employed () full time () part time (check as applicable) by _____, located in the city of _____, County of Jackson. I hold the position of _____ and my responsibilities include _____.

3.1.2 Prior Employment: During the past three (3) years I have worked in the following positions:

Employer	Location	Dates	Position

3.2 Medical Information (complete Attachment B – Emergency Information Form).

3.2.1 Current Medical Condition. I do not presently suffer from any illness, disease or disability that will prohibit, restrict, or impair my ability to fulfill my obligations under this Application and Contract or to fulfill my Year of Service. At the present time (check as applicable):

- () I am receiving treatment or medication for the condition described in Attachment B.
- () I am not receiving treatment or medication for this condition described in Attachment B.
- () I do expect to be taking medication or to be receiving treatment for this condition during the Miss Jackson Crossroads Scholarship Pageant or, if selected as Miss Michigan, during my Year of Service.
- () I do not expect to be taking medication or to be receiving treatment for this condition during the Miss Jackson Crossroads competition or, if selected Miss Michigan, during my Year of Service.

3.2.2 Current Medications. Other than as specified in Attachment B (Medical Information Form), I am not presently being treated or medicated for any medical condition or disability. I do not have any reason to believe that I will be treated or medicated for any medical condition or disability during the competition or, if selected as Miss Jackson Crossroads 2015, during my Year of Service.

Section 4: Participation in the Miss Jackson Crossroads Scholarship Pageant 2015

4.1 Participation in Competition. I agree to participate in the series of events and appearances leading up to the final selection of Miss Jackson Crossroads 2015. These events are scheduled on dates to be determined by the Miss Jackson County Organization. I will be bound by the rules and regulations governing the Miss Jackson County Organization and the procedures for the awarding and supervision of all scholarships described in Attachment D. My participation in the competition may include public appearances scheduled for me by the Miss Jackson County Organization including, but not limited to, television and radio broadcasts, personal appearances, interviews, still photo sessions, and video and audio taping or filming of all or any part of the events associated with the competition.

4.2 Conduct of the Competition. I understand and agree that the Miss Jackson County Organization shall determine the manner and method of conducting the competition at its sole discretion. I further understand and agree that the Miss Jackson County Organization shall also determine the time, method and manner of judging the competition and the awarding and supervising of all scholarships at its sole discretion. The decision of the persons designated by the Miss Jackson County Organization to judge the competition in any and all matters pertaining to the selection of the winners shall be final in all respects.

4.3 Televising and Sponsoring of Competition. I understand that the Miss Jackson County Organization makes no representations to me that the competition will be televised or broadcast on either a live or tape- delay basis, or that the competition will be sponsored by one or more sponsors, or that I will be personally or individually involved in any specific appearance in any broadcast.

4.4 Permanent License of Publication Rights. I hereby authorize the Miss Jackson County Organization and anyone duly licensed or authorized by it to (1) televise, photograph, broadcast and/or make radio, television, video and audio tapes or motion picture recordings of me individually or in a group; (2) use or re-use such photographs, recordings, video tapes, audio tapes and/or motion picture films in all media throughout the world in perpetuity; and (3) use my name, likeness and/or physical depiction for any purpose in perpetuity, in an unedited or edited manner or fashion as the Miss Jackson County Organization, at its sole discretion, shall determine. This authorization shall also include the use of all such photographs, recordings, videotapes, audiotapes and/or motion picture films made during my Year of Service.

4.5 The Miss Jackson County Organization Ownership of Rights. I understand and agree that all photographs, tapes and films made of me for trade, advertising and any other purpose or purposes as a participant in the competition, and any use of my name, likeness and/or physical depiction when identified with the Program, shall be the sole and exclusive property of the Miss Jackson County Organization. I understand and agree that I shall have no claim or right to those photographs, tapes and films, not only during the period between and during the competition and, if I am selected Miss Jackson Crossroads 2015, during my Year of Service but in perpetuity thereafter. I understand and agree that this provision refers to and includes all photographs, tapes and films from any activities relating to the competition, including but not limited to interviews, rehearsals and publicity events, either individually or as a member of a group.

4.6 Selection as Runner-Up. If I am selected at the competition as a runner-up for the title of Miss Jackson Crossroads 2015, I agree to remain available to assume all of the rights, obligations and commitments of the Year of Service, as described in Section 5 of this Application and Contract, in the event that the Miss Jackson County Organization appoints me to do so by reason of the inability or ineligibility during the Year of Service of any Contestant who was selected as Miss Jackson Crossroads 2015 or as another runner-up.

4.7 Change in Circumstances. I understand that if, at any time between the date of this Application and Contract and the completion of the Miss Jackson Crossroads 2015 competition, any facts concerning my eligibility to participate in the competition should change, including without limitation my ability to participate fully in all contestant activities, citizenship, marital or parental status, good character and reputation or behavior that is, or could be, perceived as contrary to the Miss Jackson County Organization's Program or its elements as described in Paragraph 1.1 of this Application and Contract or, if relevant to my eligibility, my residency, employment or educational status, the Miss Jackson County Organization shall have the right, at its sole discretion, to determine that I am not eligible to participate in competition.

Section 5: Commitments for Service as "Miss Jackson Crossroads 2015"

5.1 Full-time Service as Miss Jackson Crossroads 2015. If I am selected "Miss Jackson Crossroads 2015" at the competition, I will serve as Miss Jackson Crossroads 2015 during the Year of Service and until my successor is selected or appointed. The duties and obligations of my service as "Miss Jackson Crossroads 2015" have been described to me and I understand and accept them. I agree that I will dedicate my entire time, efforts and energy during my Year of Service to the fulfillment of these duties and obligations, and that I will engage in no other business or other activities that will in any way interfere with the duties and obligations of my Year of Service.

5.2 National Service Platform. I understand and have been advised that the Miss America Organization has entered into an agreement with Children's Miracle Network Hospitals. The agreement, among other things, establishes Children's Miracle Network Hospitals as the Miss America Organization's National Platform. I agree to work with Children's Miracle Network Hospitals and the Miss America Organization to support this National Platform and further the goals of the program by creating goodwill and recognition for the National Platform throughout the United States. I understand that I may also promote my own personal Platform, if I choose to do so. In that event, I agree to work with the Miss Jackson County Organization to select and pursue an appropriate platform that will enable me and the Miss Jackson County Organization to maximize the impact of my year of service.

5.3 Availability for Appearances and Events. I agree to make myself available for such personal appearances, interviews, testimonials, endorsements, filming, tapings, photographic and recording sessions and other and various commitments and events related to my Year of Service that the Miss Jackson County Organization has made and will make for me in its sole discretion.

5.4 Independent Contractor Status. I understand and agree that I am not and will not become an employee of the Miss Jackson County Organization during my Year of Service. I am and I will remain an independent contractor with respect to the Miss Jackson County Organization. The authority granted by this Application and Contract to the Miss Jackson County Organization to act

on my behalf is intended for the mutual convenience of the Miss Jackson County Organization and me and in order to provide an effective means of organizing my activities during my Year of Service, and not for the purpose of directing my performances or controlling my activities as if I were an employee of the Miss Jackson County Organization.

5.5 Appointment of the Miss Jackson County Organization as Exclusive Agent and Representative.

Commencing with my selection as Miss Jackson Crossroads 2015 and throughout my Year of Service and until my successor is selected or appointed, I irrevocably constitute and appoint the Miss Jackson County Organization as my sole and exclusive agent, representative and attorney in fact with the authority to:

5.5.1 act for me and in my interests throughout the world for the making of all press releases or other public statements to the media;

5.5.2 sign, make, execute and deliver all contracts in my name in connection with my business or other affairs as Miss Jackson Crossroads 2015 during my Year of Service, whether they be contracts for my performance at theatrical, artistic or commercial engagements or other personal appearances, and undertake commitments in my name for the satisfaction of my obligations pursuant to those contracts;

5.5.3 sign, make, execute and deliver all contracts in my name in connection with any appearances or other obligations which are related to my service as Miss Jackson Crossroads 2015 which are to be fulfilled after the completion of my Year of Service, provided that I have consented in writing to the terms of such contracts;

5.5.4 determine the appropriate compensation that I shall receive for appearances or other activities related to my Year of Service;

5.5.5 collect and receive for and on my behalf all proceeds, monies or other compensation that is due or to become due to me by reason of any performance, service, appearance, engagement or contract;

5.5.6 choose and designate my traveling companions; and

5.5.7 select the appropriate modes of public or private transportation for me and my traveling companions, including the determination of the appropriate levels of travel service and the designation of the means of travel, such as helicopter, aircraft, rail, boat, ship, automobile, bus or van.

5.6 Sponsorship Fees and Payments of the Miss Jackson County Organization. I understand and agree that, in addition to the payments that the Miss Jackson County Organization, as my exclusive agent and representative, negotiates and approves on my behalf for any compensation for my appearances and services, the Miss Jackson County Organization may also contract for and receive sponsorship fees and other payments related to my appearances that will be paid directly to the Miss Jackson County Organization. I understand and agree that I shall not be entitled to receive any portion of these fees or payments nor have the discretion to refuse any sponsor arrangements negotiated by the Miss Jackson County Organization.

5.7 Number of Appearances. I understand and agree that the Miss Jackson County Organization has made and makes no representations to me as to the number or nature of the appearances that I may be asked to make or the amount of compensation that I will receive during my Year of Service.

5.8 Prior Contracts. I understand that, prior to the competition, the Miss Jackson County Organization will enter into contracts and commitments for the appearances and services of the Contestant who will be selected at the competition. I agree that such contracts will be binding on me to the same extent as if the Miss Jackson County Organization had entered into them on my behalf after the commencement of my Year of Service.

5.9 Membership in Unions. If and when requested by the Miss Jackson County Organization, I agree to become a member of such unions or guilds as may be necessary in order to appear as a variety artist or for fashion purposes in any film, taped or recorded radio or television products, commercials, motion pictures, photographic sessions or personal appearances.

5.10 Prohibition of Endorsement of Competing Products and Services. I acknowledge that the Miss Jackson County Organization has contracted in the past, and will contract in the future, for the financial support of commercial companies and organizations whose advertising commitments and other sponsorships are an important element of the financial stability of the Program. I agree that I will not in any way endorse or permit my name or likeness to be used in connection with the endorsement or advertisement of any products or services competitive to the products or services of an advertiser, sponsor or licensee of the Miss Jackson County Organization during my Year of Service unless the Miss Jackson County Organization approves such an endorsement or advertisement in writing. I understand that the Miss Jackson County Organization is under no obligation to approve or consent to any such endorsement or advertisement after the end of my Year of Service.

5.11 Appearances after Year of Service. After the conclusion of my Year of Service, I will not wear the crown or sash of Miss Jackson Crossroads 2015 nor appear as Miss Jackson Crossroads 2015 for the purpose of advertising or endorsing any product, person, cause or service, unless I have received in advance the written approval of the Miss Jackson County Organization. I understand that the Miss Jackson County Organization shall not be obligated to approve any such appearance or use of the Miss Jackson Crossroads 2015 crown and/or sash.

5.12 Use of the Miss Jackson Crossroads 2015 Titles, Words and Symbols after My Year of Service. After the conclusion of my Year of Service, if I am advised by the Miss Jackson County Organization that, in its sole and exclusive judgment, my use of any of the titles, words or symbols associated with the Miss Jackson County Organization and the Miss Jackson Crossroads Scholarship Pageant has caused or is reasonably likely to cause harm to the Miss Jackson County Organization, I agree to discontinue any such use immediately. I understand and agree that the judgment of the Miss Jackson County Organization on this question shall be final and binding.

5.13 Permanence of Restrictions. I understand and agree that the provisions of Sections 5.11 and 5.12 of this Application and Contract shall specifically survive the termination of this Application and Contract and shall be enforceable by the Miss Jackson County Organization and binding on me in perpetuity.

5.14 Change in Circumstances. I understand that if, at any time between the competition at which I am selected Miss Jackson Crossroads 2015 and the completion of my Year of Service, any facts concerning my eligibility to participate in the Program should change, including without limitation my ability to participate fully in all activities, citizenship, marital or parental status, good character and reputation, or behavior that is or, or could be, perceived as contrary to the Miss Jackson Crossroads Program or its elements as described in Paragraph 1.1 of this contract, or if I should become, in the sole judgment of the Miss Jackson County Organization, physically unable to perform the duties and obligations relating to my Year of Service, the Miss Jackson County Organization shall have the right, at its sole discretion, to determine that I am not eligible to continue to serve as Miss Jackson Crossroads 2015. In that event, the Miss Jackson County Organization may, at its option, forfeit my title and all prizes, awards and perquisites of the position of Miss Jackson Crossroads 2015, or both or either, subject to the provisions of Section 6.7 of this Application and Contract.

Section 6: Legal Obligations and Agreements

6.1 Unauthorized Use of Titles. I acknowledge and agree that the title "Miss Jackson Crossroads 2015" that I presently hold; the title "Miss Michigan;" and the name and designation "Miss Michigan Pageant" and Miss Michigan Organization" are the property of the Miss Michigan Organization. I agree never to use, or to authorize anyone else to use, the words "Miss Jackson Crossroads 2015", "Miss Michigan" , "Miss Michigan Pageant", "Miss Michigan Organization," or any similar or related phrase, in association with me or my name or likeness in any way without prior written approval.

6.2 Authorization of Publication. I authorize the use of my name, likeness, photographs, pictures, physical depiction, endorsement rights, and my title(s) by the Miss Jackson County Organization and by such persons, firms or corporations as may be approved and selected by the Miss Jackson County Organization. I will abide by the provisions of any agreement between the Miss Jackson County Organization and such persons, firms or corporations regarding my services for advertising and promotional uses.

6.3 Registration and Use of Domain Name. I authorize the Miss Jackson County Organization or its licensee to register a domain name ("Internet Domain Name") in such version of my name as the Miss Jackson County Organization or its licensee may deem appropriate, in the form myname.com or any comparable variation thereof. During my tenure as Miss Jackson Crossroads 2015 and, if I am selected as Miss Michigan , during my Year of Service the Miss America Organization or its licensee shall have full authority to use my Internet Domain Name for all purposes. Thereafter, I understand that the Miss America Organization or its licensee shall transfer to me all rights to register and use my Internet Domain Name. During the period that the Miss Michigan Organization or its licensee is authorized to register and use my Internet Domain Name, I shall not register or use, nor permit anyone else to register or use, my name or title in any form in an Internet Domain Name.

6.4 Permanent Ownership of Rights. All photographs, video tapes, audio tapes, motion picture films, or other recordings or reproductions made of me, whether "still" or "live," and my name, likeness, photographs, pictures, physical depiction, title and endorsement rights (a) as a Contestant or as a participant in the events leading up to the selection of Miss Jackson Crossroads 2015; or (b) while representing Miss Jackson Crossroads 2015 or participating in any Miss

Jackson County Organization sponsored events whether before, during or after the competition or, if I am selected Miss Jackson Crossroads 2015; during or after my Year of Service, including but not limited to events such as press interviews, judges interviews, rehearsals and publicity events, either individually or as a member of a group, as applicable (the "Rights"), are and shall be, become and remain the property of the Miss Jackson County Organization in perpetuity. The Rights may be used and reused by the Miss Jackson County Organization, or anyone designated and licensed by the Miss Jackson County Organization, for publicity, advertising or any other use in any medium, all as deemed appropriate by the Miss Jackson County Organization in its sole discretion. I will ensure that all rights that any officially sanctioned photographer(s) may have in any official publicity photographs of me are released by that photographer(s) in favor and that any such photographer (s) shall provide a written release of such rights on a form acceptable to the Miss Jackson County Organization. I understand and agree that the provisions of this section shall specifically survive the termination of this Application and Contract.

6.5 Scholarship Grants and Forfeitures. I understand and agree that the grant of scholarships by the Miss Jackson County Organization is subject to the terms and conditions of the Scholarship Rules and Regulations attached to this Application and Contract as Attachment "C". By signing this Application and Contract, I agree to be bound by those rules and regulations. I understand that all scholarships that I may be awarded will be forfeitable in the event that I breach this Contract or fail to perform any duties that I may have as a Contestant. I also understand and agree, however, that such scholarships may be forfeited if I have made any misrepresentations as to my eligibility to compete.

6.6 Documents and Information; Cooperation with Inquiries. I agree to provide the Miss Jackson County Organization, at its request, with any documents or information necessary to determine any question with regard to my initial or continuing eligibility to compete or to complete my Year of Service. I also agree to cooperate fully with any inquiry undertaken by the Miss Jackson County Organization in connection with my initial or continuing eligibility, and to provide sworn statements and any relevant documents if requested to do so by the Miss Jackson County Organization.

6.7 Termination of Eligibility. I understand and agree that, if:

6.7.1 any of the representations or statements made by me in this Application and Contract or any of its attachments are determined by the Miss Jackson County Organization to be false;

6.7.2 there is a change of circumstances that would affect my eligibility to participate fully in the competition or to complete my Year of Service, including without limitation, changes in my ability to participate in all activities, citizenship, marital or parental status, good character and reputation or, behavior that is, or the Miss Jackson County Organization perceives as contrary to the Miss America Program or its elements as described in Paragraph 1.1 of this contract, or if relevant to my eligibility to participate in the competition, my residence, employment or educational status;

6.7.3 I fail to conduct myself in a manner which, in the sole and exclusive judgment of the Miss Jackson County Organization, is consistent with the standards and dignity of the Program; or

6.7.4 I do not abide by the Rules for the State Pageant Finals as set forth in Attachment C and the Guidelines and limitations that will be applicable to my activities if I am selected as Miss Jackson Crossroads 2015; or

6.7.5 suffer any medical condition or disability, which, in the sole and exclusive judgment of the Miss Jackson County Organization, impairs my ability to perform the duties, expected of me as a Contestant, the Miss Jackson County Organization shall have the right, in its sole and exclusive judgment, to determine that I am not eligible to participate or continue to participate in the competition or to complete my Year of Service. In that event, all titles, awards, and perquisites of my position as a Contestant, as appropriate, shall be terminated and forfeited, subject to the provisions of Section 6.5 of this Application and Contract.

6.8 Public Release of Information. I understand that some elements of the Program, and in particular the competition and the public appearances of Miss Jackson Crossroads 2015 during the Year of Service, are frequently the subject of intense media and public interest and scrutiny. I further understand that it is very important for the Miss Jackson County Organization to maintain a high level of public trust in and acceptance of the integrity of, and manner of conducting, the competition and the qualifications and conduct of Contestants. Accordingly, I authorize the Miss Jackson County Organization, in the exercise of its sole and exclusive discretion, to release and to comment publicly upon any truthful information concerning my eligibility or continued eligibility to participate or to complete my Year of Service.

6.9 Uniqueness of Contract and Services; Injunctions. I understand and agree that the services and duties described in this Application and Contract are unique and extraordinary and that there is no adequate remedy at law for any breach of this Application and Contract by me. Therefore, in the event of any such breach, or in the event of such a breach that is attempted or threatened, I agree that the Miss Jackson County Organization shall be entitled to equitable relief by way of injunction or otherwise to prevent or repair such breach or attempted or threatened breach.

6.10 Applicability of New Jersey Law. This Application and Contract and its attachments shall be construed and interpreted under the laws of the State of New Jersey.

6.11 Entire Agreement; Enforceability. When signed and approved by the Miss Jackson County Organization, this Application and Contract, together with its attachments, shall solely and exclusively determine my rights, privileges and responsibilities to the Miss Jackson County Organization. No oral or other written statement that is in any way inconsistent with the provisions of this Application and Contract shall be binding upon me or upon the Miss Jackson County Organization. If any provision of this Application and Contract should be declared void or unenforceable, such provision shall be deemed omitted from this Application and Contract. In that event, the remainder of this Application and Contract shall remain in full force and effect.

6.12 Arbitration of Disputes. Any controversy or claim arising out of or relating to this Application and Contract or any breach thereof shall be submitted to arbitration in New Jersey in accordance with the Rules of the American Arbitration Association. Judgment upon any award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. This Section shall not in any way affect the rights of the Miss Jackson County Organization to (1) seek injunctive relief as provided in Section 6.9 of this Application and Contract, or (2) take any action permitted by this Application and Contract to enforce the eligibility standards of the Program in the event that time does not permit the completion of an arbitration process before action must be taken.

6.13 Wardrobe Allowance. I will not make any unauthorized purchases that will be credited toward the wardrobe allowance provided by Miss Jackson Crossroads. I agree and understand that all purchases made with funds provided by the Miss Jackson Crossroads Wardrobe Allowance will be

considered property of the pageant and will be returned upon completion of my service as Miss Jackson Crossroads and my successor is named. All purchased items by the wardrobe allowance will be returned to the pageant in good and wearable condition within one week of crowning my successor.

Authorizations and Notary Signatures on Following Pages

On the basis of all of these statements and agreements, I request the Miss Jackson County Organization to accept my application to participate as a Contestant in the Miss Jackson Crossroads 2015 Competition. If the Miss Jackson County Organization accepts this application, I agree to comply with all of the terms and conditions of this Application and Contract, together with its attachments.

DATE

CONTESTANT SIGNATURE

State of Michigan

:ss Affidavit of Truthfulness

County of Jackson

_____, the Contestant making this Application, of full age and being duly sworn according to law, upon her oath deposes and says:

I do hereby swear that the statements made in this Application and Contract and its attachments are true. I am aware that if any of the statements is willfully false, I am subject to punishment.

Sworn and subscribed to before me

this _____ day of _____, 20_____.

CONTESTANT SIGNATURE

Notary Public of _____

Approval of Application for Participation

The Miss Jackson County Organization hereby APPROVES this Application and Contract and accepts appointment as the agent of the Contestant on the terms provided in this Application and Contract. The Contestant may compete in the Miss Jackson Crossroads Scholarship Pageant 2015 pursuant to the terms of this Application and Contract and its attachments.

Date: _____

Signed: _____
EXECUTIVE DIRECTOR, Miss Jackson County Organization

Print Name: _____

(To be completed by the Parent(s) or Guardian(s) of a Contestant who is not 18 years of age on the date of this Application and Contract)

State of Michigan

:ss Affidavit of Parent or Guardian

County of Jackson

I, the undersigned parent or guardian of _____, who is a Contestant named in the Application and Contract, of full age and being duly sworn according to law, upon my oath depose and say:

1. I have read and I understand the provisions of this Application and Contract and its attachments. To the best of my knowledge, information and belief, all of the factual statements made in this Application and Contract by the Contestant are true.
2. I have been given the opportunity to consult with an attorney of my choosing to seek legal advice regarding this Application and Contract.
3. I consent to the execution of this Application and Contract by the Contestant.
4. On behalf of the Contestant, I agree to the terms and conditions of this Application and Contract and its attachments.
5. I have not previously authorized any person, firm, or corporation to use the name, photograph, picture or any present or future title of the Contestant in connection with any endorsement or advertisement of any commercial product for or on behalf of the Contestant, nor has any other person ever been authorized to do so, other than a cosigner of this affidavit.
6. I shall not authorize any person, firm, or corporation to use the name, photograph, picture or any present or future title of the Contestant in connection with any endorsement or advertisement of any commercial product for or on behalf of the Contestant other than in accordance with the terms and conditions of this Application and Contract and its attachments.

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

Sworn and subscribed to before me this _____ day of _____, 201__

Parent/Guardian Signature

Notary Public of _____

Attachment A
Supplemental Fact Sheet
Page 1

Local Title: Miss Jackson Crossroads 2015 Platform: _____

Full Name (as you wish it listed in Program Book): _____

Full Name Phonetic Pronunciation: _____

Date of Birth: _____ Age: _____

Home Telephone Number: (_____) _____

Cell Phone Number: (_____) _____

Email Address: _____

College Information (if appropriate):

Name of College/University: _____

Year Graduated: _____

College Major: _____

Declared Minor: _____

Scholastic Honors: _____

Scholastic Ambition: _____

Career Ambition: _____

Graduate School Information (if appropriate):

Name of College/University: _____

Degree Sought: _____

Dates of Attendance: _____

Current Status: _____

Other Accomplishments: _____

What type of talent will you perform: _____

(You need not give the exact title of your talent presentation; merely indicate if you will dance (ballet, tap, etc.), sing (classical, popular, etc.), play a musical instrument (which one?), perform a comedy reading, dramatic skit, etc.)

Attachment A
Supplemental Fact Sheet
Page 2

Special training in music, drama, dance, art: _____

Father's Name: _____

Mother's Name: _____

Brothers and Sisters:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Other interesting facts about yourself:

The Miss Jackson County Organization encourages the young women who participate in the Program to become involved in the community by supporting Children's Miracle Network Hospitals. In addition to CMNH, if you choose to support a personal issue, what personal issue would you want to address during your Year of Service?

Attachments (check here if included):

- Copy of Birth Certificate (Section 2.2)
- Proof of Residence (Section 2.3.1)
- Official College Transcript (Section 2.3.2.1)
- Official Transcript of College Registration for Current Classes (Section 2.3.2.2)
- Copy of College Degree (Section 2.3.2.3)
- Official Graduate School Transcript (Section 2.3.2.4)
- Official Transcript of Graduate School Registration for Current Classes (Section 2.3.2.5)
- Copy of Graduate School Degree (Section 2.3.2.6)
- Employer W2 (section 2.3.3)
- Income Tax Filing (Section 2.3.3)

Attachment B
Medical Information Form
Page 1

Please use this form to provide any information referenced in Section 3.2.

Local Title: Miss Jackson Crossroads 2015

Contestant's Name: _____ Date of Birth: _____

Home Address: _____

Who should be called in case of an emergency?

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Medical Insurance Company/ HMO Name: _____

Employer or Company Name (If Group Plan): _____

Policy Number: _____

Name of Subscriber: _____

Subscriber's address through December, 2014

Relationship of Subscriber to you: _____ Self _____ Parent/Guardian _____ Other

Family Physician: _____

Physician's Home Phone: _____ Physician's Office Phone: _____

Your Blood Type: _____

Medications to which you have an allergic reaction: _____

Any physical problems that could cause you discomfort (in reference to section 3.2.1 of the Contract)

_____ INITIALS

_____ DATE

Attachment B
Medical Information Form
Page 2

Any Food Allergies: _____

Dental Insurance Company Name: _____

Address: _____

Employer or Company Name (If Group Plan): _____

Policy Number: _____

Name of Subscriber: _____

Subscriber's Address through December, 2014

Relationship of Subscriber to you: _____ Self _____ Parent/Guardian _____ Other

PLEASE ATTACH A COPY OF YOUR INSURANCE CARDS, INCLUDING MEDICAL, PRESCRIPTION AND DENTAL.

I certify the policy(s) named above is now in force and will be maintained through December, 2013. I understand that contestants are responsible for all medical/dental expenses incurred during the time in which they participate in the Miss Jackson Crossroads Scholarship Pageant competition and activities, and that the Miss Jackson County Organization will not be responsible for any such expenses. I certify that the above information is true and accurate.

CONTESTANT SIGNATURE AND DATE*

PARENT/GUARDIAN SIGNATURE AND DATE*

Pre-Authorization for Medical Treatment Regarding Contestants below the Age of 18. I hereby authorize the Miss Jackson County Organization physician, other appropriate health care provider and/or Miss Jackson County Organization's registered nurse to perform medical treatment deemed necessary for:

_____ (Contestant Name]

PARENT/GUARDIAN SIGNATURE AND DATE

***If the contestant is below the age of 18, the parent or guardian must sign the above Medical Responsibility and Authorization Information Form. In all other cases, either the contestant or her parent/guardian may sign. The completed form must be returned with the contestant contract.**

Attachment B
Medical Information Form
Page 3

IN THE EVENT THAT YOU DO NOT HAVE MEDICAL AND/OR DENTAL INSURANCE

I certify that I do not have medical and/or dental insurance coverage and I understand that contestants are fully responsible for any and all medical and/or dental expenses incurred during the time in which they participate in the Miss Jackson Crossroads 2015 competition activities and that the Miss Jackson County Organization will not be responsible for any such expenses. I certify that the above information is true and accurate.

CONTESTANT SIGNATURE AND DATE*

Medical / Dental Insurance Coverage Regarding Contestants below the Age of 18.

I certify that I do not have medical and/or dental insurance coverage and I understand that contestants are fully responsible for any and all medical and/or dental expenses incurred during the time in which they participate in the Miss Jackson Crossroads 2015 competition activities and that the Miss Jackson County Organization will not be responsible for any such expenses. I certify that the above information is true and accurate.

(CONTESTANT NAME)

PARENT/GUARDIAN SIGNATURE AND DATE

***If the contestant is below the age of 18, the parent or guardian must sign the above Medical Responsibility and Authorization Information Form. In all other cases, either the contestant or her parent/guardian may sign. The completed form must be returned with the contestant contract.**

Attachment C
Local Scholarship Rules and Regulations

Page 1

The Miss Jackson County Organization will administer the Miss Jackson Crossroads Scholarship Program.

SCHOLARSHIP USAGE

Scholarship funds may be applied to tuition, textbooks, supplies, academic fees and other appropriate mandatory educational expenses. Amounts received as scholarship payments are taxable income to the extent that they exceed "Qualified Tuition and Related Expenses". Qualified Tuition and Related Expenses include tuition and fees required for enrollment or attendance of a student at an educational institution, including fees, books, supplies and equipment required of all students in the particular course of instruction. Payment of all approved expenditures will be made directly to the college, university or other accredited institution. Personal reimbursements to scholarship recipients will not be honored. Scholarship awards may not be used for room and board. Scholarship awards may not be used for remedial coursework or any coursework that does not qualify for college credit. Scholarships may not be used for outstanding student loan obligations.

REQUESTING USAGE

The Executive Director will provide the Miss Jackson County Organization with a list of contestants and the amount of their scholarship awards.

PAYMENT GUIDELINES

Contestants must maintain at least 12 credit hours as a full time student, 9 credit hours part time status and 9 credit hours as a graduate student in order to qualify. It is each contestant's obligation to determine whether the scholarship, in whole or part, is includable in gross taxable income, regardless of whether a Form 1099 has been issued by either The State Organization or Miss America Organization. Contestants are encouraged to consult a tax advisor regarding the taxability of the scholarship payments.

PRIORITY OF LEVEL IN USAGE

Contestants receiving scholarships at the state level must use the scholarship won at the local level prior to applying for funds at the state level. Verification must be submitted in writing from the Local Executive Director that all local scholarship funds have been exhausted.

USAGE FOR FUTURE EXPENSES AND FORFEITURES

Scholarships may be used for future educational expenses, provided, however, contestants must begin use of their scholarships within one (1) year of the date of the award. It is the contestant's responsibility to monitor this one year time limit. If a contestant forfeits any money from her local scholarship award, her award at the state and national level will automatically be forfeited.

Attachment C
Local Scholarship Rules and Regulations

Page 2

A contestant who begins use of her scholarship within the designated time above will then be required to show continuous activity in her scholarship endeavors up to a limit of one (1) year (two for Miss Michigan) following the date of her award. Any balance remaining in a contestant's award one (1) year following the date of the award will automatically be forfeited. An exception to the time limits described above may be made if the contestant, prior to the expiration date, makes a written appeal to the Miss Jackson County Organization citing compelling reasons why the time period should be extended. An extension will generally be permitted when the contestant has had local awards within the prescribed time limits above or has been awarded the state title. However, the contestants must still send a written request for extension. The Miss Jackson County Organization will review the request and determine whether an extension is warranted. Consistent with the above, the decision of the Miss Jackson County Organization shall be final and binding. Any funds remaining in the account at the end of three years will automatically be forfeited.

THE MISS JACKSON COUNTY ORGANIZATION RESERVES THE RIGHT TO AMEND AND OR MODIFY THE FOREGOING SCHOLARSHIP RULES AND REGULATIONS AT ANY TIME WITHOUT NOTICE.

I, _____ (Contestant), have read and understood the Miss Jackson County Organization's Local Scholarship Rules and Regulations:

Contestant Name

Date

Please send completed and signed Application, Attachments and Supporting Documentation by November 15, 2014 to:

Miss Jackson County Organization
Post Office Box 4418
Jackson, Michigan