



Winner's CLAIM, VERIFICATION & RELEASE

I, the undersigned, do hereby claim that I am a winner in the **Club Lucky JVL** _____
contest. *(please specify contest)*

Your Name: _____

Club Lucky Establishment/Bar Name: _____

Club Lucky Establishment/Bar City & State: _____

I represent and warrant the following:

1. That I am the person who personally achieved the winning score on the game for which I am making this claim;
2. That I have not cheated or committed fraud in achieving such score, and have not violated any contest rules;
3. That I am of legal age and have every right to contract in my own name in this matter;
4. That I am claiming this prize within **90 days** of the end of the contest for which I am claiming;
5. That I have read this document prior to signing it and am fully familiar with its contents;
6. That the information below concerning my name and address used when I achieved my winning score are true and accurate.

In consideration of the receipt of the claimed prize, **I grant to Club Lucky and JVL**, and all acting with their authority, the absolute right to use my name and image in any way connected with the advertising or marketing of **Club Lucky** tournaments or with the disclosure of winners of any **JVL** tournament, to the general public or otherwise. I release and agree to hold harmless **Club Lucky** operators and **JVL, Inc.** and all acting with their authority from any liability for such use of my name, and from any other claim that I may now have against them.

I agree to the following:

1. That I will return any prize I receive from **Club Lucky** if I obtained such through cheating or fraud, or if I have otherwise violated any rules of the contest;
2. That I will comply with all reasonable requests for verification of my winning score including the completion of all information on this form, and doing a live demonstration of my playing skill if so requested;
3. That I have forfeited my prize if claiming after **90 days** of the end of the contest date.

Signature: _____ Today's Date: _____

Print Name: _____ Date of Birth: _____

Street: _____ Phone (h): _____ (c): _____

City, State, Zip: _____

Social Security #: _____ Email address: _____

Please include a copy of a valid picture ID, and a completed W-9 form along with this Claim Form.

FILL OUT BOTH FORMS COMPLETELY AND SEND ALL 3 DOCUMENTS TO:

**Club Lucky Group
% Kim Lykins
1633 Centaur Circle
Lafayette, CO 80026**

**Email: clubluckyadmin@gmail.com
Fax: 303-974-1161**

www.clubluckygroup.com

