Affidavit of Eligibility

State of Texas

County of Washington

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, depose and say that:

I am of legal age in my home territory. My telephone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I represent that I am eligible to win the Germania Farm Mutual Insurance Association Photo Contest;

I represent that I satisfy all eligibility requirements set forth in the official rules, which I acknowledge having read and understood, and any other requirements impacted by law;

I hereby represent and affirm that I have read, have complied with, and will continue to comply with all the rules, regulations, terms, and conditions set forth in the Official Rules;

I have not perpetrated and will not perpetrate any fraud or deception in connection with the contest and have not sought to influence the outcome other than by participating as expressly permitted in the Official Rules;

I have been given a full opportunity to review and analyze the Official Rules. I fully and completely understand all of the terms of this Affidavit and sign it voluntarily, freely, and knowingly.

**Oath of Affirmation:**

I certify under penalty of perjury under Texas law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

STATE OF TEXAS, COUNTY OF WASHINGTON:

This Affidavit was acknowledged before me on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge, and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_