## AGENT REWARDS PROGRAM RiverLights OFFICIAL ENROLLMENT FORM

Name:	NC Lic #:	
Address:	Phone:	
	Email:	
I accept and hereby acknowledge and	agree that:	
	AND CONDITIONS for the AGENT REWARDS ONDITIONS"), understand them and agree to be	
time to time, as well as with any conditions t	S AND CONDITIONS, as may be amended from hat may be posted upon the Sponsors' Websites and revocation of any and all Profit Points or my participation in the Program.	
conditions posted upon the Sponsors' Well Sponsors' Websites, my acknowledgement CONDITIONS shall continue for so long as shall be in effect. Unless an opt-out notice Sponsors' Websites within thirty (30) days at to this Program or any such subsequent pro-	changes in the TERMS AND CONDITIONS or any posites, notice of which will be posted upon the and agreement to accept these TERMS AND this Program or any such subsequent program is received by Sponsors from me at one of the fter such posting of a notice of a material change ogram, then I shall be deemed to have accepted to continue as a Participant in the Program or any	
advertising and promotion agencies, and e affiliates, and each of their assigns, designe right and permission to use my name, addrinformation in any and all advertising and proany manner or media whatsoever, worldwide notice to me and without further compensati	n the Program, I hereby grant to Sponsors, their ach of their parent companies, subsidiaries and sees and licensees, without limitation, the absolute ess, likeness, photograph, voice, or biographical comotional materials, or to refrain from doing so, in , for advertising and promotional purposes without on. I shall have no right of approval, no claim to ut of the use, alteration, distortion, or illusionary me, address, likeness, voice, or opinions.	
Name		
Signature		

Date

## **CONSENT TO PARTICIPATE**

## IN

## RIVERLIGHTS AGENT REWARDS PROGRAM

As the principal licensed real estate broker ("Broker") for	or			
(name of Brokerage/Agency)				
, hereby affirm that I am the broker-in-charge with whom the				
(name of Broker)	CC'11 1	' . 1 1 1 (KT		
Participating salesperson(s)/broker(s) ("Participant") is Charge/Agency") and consent to the enrollment of s				
RiverLights ("Program"), which NNP IV-Cape Fear R				
a.m. Eastern Standard Time, "EST" on July 1, 2016 at				
Period"). I further consent to the direct receipt of rewa				
Participant(s), or Participant(s) on the list attached hereto		1		
Participating Sales	nerson(s)/Brokers	(print name)		
1 articipating Saics	person(s)/ brokers	(print name)		
			_	
-				
Unless I provide written notice to the Sponsor of the r such rewards, awards or prizes by Participant(s), I furth this Program by the above-named salesperson(s)/brop Participant's Broker in Charge/Agency and for so long continue or change at Sponsor's sole and absolute discrete	ner acknowledge ker(s) Participa g as this Progra	and agree that my consented and agree that my consented shall continue for so	t to the participation in long as I remain the	
			Brokerage Agency:	
Ву:	Name			
Signature Signature				
	Address			
Name:	City	State	Zip	
Print name of signatory			•	
	Email	<u>'</u>	1	
Date:				