
	AGREEMENT FROM PARTICIPANT				 Grant Awards
	FORM				

By signing this Agreement, I, as a Participant to the Innovation Grant Awards, agree to the following:

- I certify that the ideas and concepts set forth in the Business Idea are the original work of my team and do not, to the best of my knowledge, infringe on the intellectual property of any other party.
- I have reviewed the Competition Rules as stated at the RULES, PROCEDURES AND JUDGING CRITERIA document and appended here by reference, and by my signature below I certify that I agree to abide by the Rules.
- I understand that the views expressed by the judges, co-sponsors, co-organizers, and my fellow Participants are their own and do not represent those of the McAllen Chamber of Commerce.
- **If a business is created it must be located or planned to be located in the McAllen**
- I authorize the McAllen Chamber of Commerce to request a credit check of my persona.
- I authorize the McAllen Chamber of Commerce to request a background check of my persona.
- If your idea is selected as a McAllen Innovation Grant winner, it is expected that you will recognize the McAllen Chamber of Commerce for its role in helping you make your idea possible. These mentions include but are not limited to: press releases, interviews, articles, publications, speaking events, etc.

Name							
Address		City		ZIP		State	
Telephone			Social Security Number				
DOB			Driver License #			State	
Signature (REQUIRED)							
Date							