



Dear Parents/Guardians:

Mattel, Inc. in El Segundo has a program in which local children and parents/guardians can help us evaluate the durability, ease of play, and enjoyment of our new toys. **When new toys are ready for testing, parents of the appropriately aged children are contacted at home by phone or by e-mail and asked to bring their child and one of their child's friends (same gender, same age) to Mattel, Inc. at a specific time.** Each session usually takes approximately 20 to 60 minutes. The children are shown new toys and their play activity is observed. We can then determine if changes are needed to simplify the operation and/ or increase the enjoyment of the toy based on feedback from the children. In some instances, we may also ask parents/guardians, either alone or with children, to participate in a focus group session.

After the session, each child is given a gift for helping in the development of our products. If you would like to sign up for this program, please fill out the information requested on the reverse side and return it to Mattel, Inc. at the address below. **All the information on the form must be completed in order to enroll in the program. So, please check it over carefully for completeness before sending it in.**

When completed, please return this form to: Mattel, Inc.
Attn: Imagination Center
333 Continental Blvd.
TWR 2-3
El Segundo, CA 90245-5012

To fax this form back to us, please fax to the attention of the Imagination Center at this fax number: **(310) 252- 3435.**

To email this form back to us, please scan and attach to the attention of the Imagination Center at this email address: **imagination.center@mattel.com**

If you have any questions regarding this program, please feel free to call any of us at the phone numbers below, or send a message via e-mail to: **imagination.center@mattel.com**

Sincerely,

Allison Glatstein
(310) 252-3157
Manager

Nikki Ueda
(310) 252-5270
Senior Child Testing Researcher

Brynn Frawley
(310) 252-2615
Child Testing Researcher

Joanne Farnsworth
(310) 252-2362
Project Manager

Tommy Intarattana
(310) 252-4747
Imagination Center Coordinator

Nicole Chin
(310) 252-6551
Imagination Center Coordinator

Miles Moore
(310) 252-3811
Imagination Center Assistant

Imagination Center Lobby
(310) 252-3811



All fields marked with asterisk are required

***PLEASE CHECK BOX THAT APPLIES:**

First time applicant

Updating Information
(i.e. new phone, new child)

***PARENT/GUARDIAN INFORMATION:**

*PLEASE CHOOSE ONE THAT BEST DESCRIBES YOU:

Mother Expectant Mother Father Legal Guardian Other _____

*PARENT 1 LAST NAME: _____ *PARENT 1 FIRST NAME: _____

*HOME ADDRESS: _____

*CITY: _____ *ZIP CODE: _____

*EMAIL ADDRESS: _____

*CELL #: () _____ HOME #: () _____ WORK #: () _____

ADDITIONAL INFORMATION:

PARENT 1 OCCUPATION/EMPLOYER: _____

PARENT 2 LAST NAME: _____ PARENT 2 FIRST NAME: _____

PARENT 2 OCCUPATION/EMPLOYER: _____

HOW DID YOU HEAR ABOUT US?: _____

(i.e. Mattel Toy Store, Facebook, Participated in focus groups - recruited by an agency other than Mattel)
(If you were referred by a friend, make sure to list the PARENT'S FIRST & LAST name so we can thank them.)

EMERGENCY CONTACT INFORMATION:

FULL NAME: _____ PHONE #: () _____

***CHILD INFORMATION:**

Please list your children who are interested in participating: (ages 0-13).
If you are an EXPECTANT MOTHER, please circle a gender (if known) and write the expected due date (month/year) of your child.

(Most testing occurs between 1:00pm & 6:00pm T/W/TH).

*PLEASE CHOOSE GENDER

*CHILD'S FIRST & LAST NAME: _____ M F *D.O.B (MM/DD/YY) _____

*CHILD'S FIRST & LAST NAME: _____ M F *D.O.B (MM/DD/YY) _____

*CHILD'S FIRST & LAST NAME: _____ M F *D.O.B (MM/DD/YY) _____

*CHILD'S FIRST & LAST NAME: _____ M F *D.O.B (MM/DD/YY) _____

*CHILD'S FIRST & LAST NAME: _____ M F *D.O.B (MM/DD/YY) _____

*CHILD'S FIRST & LAST NAME: _____ M F *D.O.B (MM/DD/YY) _____



CHILD TESTING AGREEMENT

1. Our Participation in Sessions. I, the undersigned, have voluntarily elected to participate, and to allow my child or children identified above (if any) (each, a “Child”) to participate in one or more research and testing sessions (collectively, the “Sessions”) of certain toys, games, and/or services selected by Mattel, Inc. and its subsidiaries (“Mattel”). I hereby grant Mattel permission to engage me and/or my Child in the Sessions and to video and/or audio record me and/or my Child during the Sessions. I understand that, during the Sessions, Mattel will observe my Child and/or myself interact with the toys, games, and/or services, and that Mattel will solicit ideas and opinions about such toys, games, and/or services for the purpose of evaluating and improving them.
2. Mattel’s Ownership of Materials Related to Sessions. I understand that the information, recordings, and other materials associated with these Sessions will be owned exclusively by Mattel. As such, Mattel is free to use the information, recordings, and other materials associated with the Sessions, including, without limitation, any ideas and opinions expressed by my Child and/or myself, in any manner or form that Mattel may determine is appropriate or desirable, now and in the future.
3. No Commercial Exploitation by Mattel. Without prior written consent, Mattel will not commercially exploit in a public manner any recordings, images, or other visual or aural content that includes the voice, image, name, or other personally identifiable information of my Child or myself. Mattel may, however, without any additional consideration or payment, use the recordings, images, and other visual and aural content and other materials associated with these Sessions for Mattel’s internal purposes including, without limitation, product development, product planning, meetings, and presentations.
4. We Will Not Record or Disclose. I understand that participating in the research and testing of Mattel’s toys, games, and services is a privilege and that, in the process, I and my Child may be exposed before, during, and after the Sessions to highly sensitive, confidential, and proprietary information about Mattel’s toys, games, and services (“Mattel’s Confidential Information”). In light of this, I agree that I will not record or photograph, and I will not permit my Child to record or photograph, any part of the Sessions for any purpose. I also agree that after leaving the Sessions, I will not disclose, and I will use my best efforts to make sure my Child does not disclose, Mattel’s Confidential Information to anyone else, including, without limitation, the specifics of the toys, games, or services that I or my Child was exposed to as part of the Sessions.
5. We Do Not Have Any Conflicts with Mattel. I acknowledge that neither I nor my spouse or domestic partner work for any of the following entities: (1) a toy designer, manufacturer, or distributor (other than Mattel); (2) an entertainment studio; or (3) an entity engaged in child or media research. I further acknowledge that my and my Child’s participation in these sessions is not for any illicit purpose that may harm Mattel. I confirm that I’m the parent or legal guardian of my Child, and that I have the authority to enter into this agreement on behalf of myself and my Child.
6. Mattel Privacy Statement: We care about your privacy and want you to be informed about our practices. Review our Privacy Statement at <https://www.mattel.com/en-us/privacy-statement> for full details on how we use and protect information.

***PARENT 1/GUARDIAN SIGNATURE:** _____

***DATE:** _____