

Step Up For Soldiers Backyard BBQ Cook-Off

“Where the BBQ Meets the Beach”

Saturday, January 25, 2014

Application & Registration Fee Deadline: January 17, 2014

\$115 Registration Fee if registered by December 20, 2013

\$150 Registration Fee after December 20, 2013

Name: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

Type of Cooker: _____ Number of Cooks: _____

Ages: _____ (All contestants must be 18 and over or accompanied by an adult at all times.)

Names, addresses and phone number of cooks: _____

Please review the rules of the event. Your signature below confirms understanding and acceptance of the event rules and regulations.

WAIVER AND RELEASE

I fully understand that participating in this event may result in accidents, illness, or injury. I am voluntarily participating in the “Step Up For Soldiers Backyard BBQ Cook-Off” (hereinafter the "event") with complete understanding of the risks associated with participation in the event.

In consideration of your accepting my application and being allowed to participate in the “event”, I the undersigned, intending to be legally bound, hereby for myself and my business, heirs, executors, administrators and assigns agree to release and hold harmless the premises and grounds owner, the Town of Carolina Beach, Step Up For Soldiers, its affiliates, agents, volunteers and employees, from all liability for any injuries and/or illnesses that may directly or indirectly result from my conduct or from my negligence in the event, and/or from the negligence of the premises owner or the negligence of the sponsors of the event, its affiliates, agents, volunteers and employees. I also acknowledge full and sole responsibility for any and all medical expenses that I may incur as a result of any injury and/or illness related to our participation in the event. I understand and agree that this Waiver and Release is binding upon my business and me. I agree to abide by the rules and regulations of the Step Up For Soldiers BBQ Cook-Off and the New Hanover County Board of Health. I hereby grant my consent and permission to Step Up For Soldiers, its affiliates, agents and employees, to use my name, my business name, photographs, videotape, motion picture recording, voice, or likeness for their purposes, including pre and post event publicity.

I have carefully read this Waiver and Release and fully understand its contents. By my signature below, I consent and agree to the terms of this Waiver and Release. My signature also demonstrates consent of the rules of the event provided under separate cover.

_____ Date: _____

Signature