



2016 JUNIOR CHUCK WAGON COOK-OFF
FRIDAY, NOVEMBER 11 AT TUMBLEWEED RANCH, CHANDLER, AZ
FOR YOUTH AGES 10-15
9:30 AM- 1:30 PM

REGISTRATION FORM

Note: Registration is first come, first served, and will be capped by number of Wagon Teams participating.

Participant Name: _____ Age (on 11/11/16): _____

Participant Email: _____

Parents/Guardians Names: _____

Parents/Guardians Phone: _____

Parents/Guardians Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Are you related to one of the Wagon Teams competing in the 7th Annual Chuck Wagon Cook- Off?

No _____ Yes _____ (Name of Team) _____

Do you have outdoor cooking experience? _____ If so, in what way? _____

How did you hear about this event? _____

Do you have a 12" cast iron dutch oven that you can bring? Yes _____ No _____

Choose your dessert to make: Fruit Cobbler _____ Fruit Buckle _____ Fruit Upside Down Cake _____

PLEASE RETURN REGISTRATION AND WAIVER BY FRIDAY, SEPT 30, 2016

YOU WILL BE NOTIFIED BY OCTOBER 14TH IF YOU ARE SELECTED!

Return Registration Form to:

Email:

TamMarcelja@gmail.com

Mail:

Tammy Marcelja

Chandler Museum

Mail Stop 305, PO Box 4008

Chandler AZ 85244

Phone:

602-430-0242



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM Junior Chuck Wagon Cook-Off

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: the City of Chandler and any of its elected or appointed officials, officers, directors, commissioners, board members, agents or employees.
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph (A) above from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.
- (C) I acknowledge that I have read and understand the rules of the contest and understand that the nature of the contest involves cooking over an open flame and I further acknowledge that I accept the risks associated therewith as well as any other risks associated with the event, known or unknown.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose including use in promotional materials by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL

Print Participant's Name

Age (on 11/11/2016)

Signature of Parent or Guardian _____ Date _____