

TRI-STATE WING OFF • JUNE 15, 2019

Wing-Eating Contest Accident Waiver and Release of Liability

I acknowledge that participating in a wing eating contest carries with it the potential for serious injury and/or death. The risks include, but are not limited to, those caused by facilities, food, equipment, actions of other people including, but not limited to participants, volunteers, spectators, event officials, and event monitors, and/or producers of the event. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability 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 certify that a qualified medical person has not advised me against participation in this event. I acknowledge that this accident waiver and release of liability form will be used by the event holder, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events. 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 assign as follow: A) Waiver, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, Tri-State Wing Off/Western Maryland Jaycees, its officers and members, the FOLLOWING ENTITIES OR PERSONS: Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials. B) Indemnify and hold harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of any actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event or related activities that I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. I hereby certify that I have read this document and I understand its contents.

Name (Please Print): _____

Signature of Entrant: _____ **Date:** _____

Received by: _____

Western Maryland Jaycee's Representative

