

Contestant Application Form

First Name: _____

Last Name: _____

Address: _____

Phone(s): _____ Home _____ Cell _____

Email: _____ Age: _____

Entry Fee: \$20.00 per person (first 15 applications received will be entered)

Waiver and Release of Liability

- Make checks out to: Bailey Farms. All proceeds will go to Miles for Hope.-

I, the undersigned, know that the above listed event is a potentially hazardous activity and I attend and participate it of my own free will and choice. In choosing to participate in the NC Hot Sauce Contest Hot Chili Pepper Eating Contest and any related activities, I fully accept and assume all risks that may occur before, during, or after this contest and its related events. I accept this specific notice of the existence of the risks. I shall assume and pay my own medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses. I realize that this activity requires physical conditioning and I represent that I am in sound medical condition capable of participating in the contest without risks to myself or others. I have no medical impediment, which would endanger others or myself. Knowing these facts and in consideration of my entry acceptance, admission to and/or participation in the NC Hot Sauce Contest Hot Chili Pepper Eating Contest and its related events, I for myself and anyone acting on my behalf, release, waive, discharge, covenant not to sue and agree to hold Stovall's Gifts, The NC Hot Sauce Contest, Bailey's Farm or any sponsors; emergency and support personnel, volunteers and their representatives harmless from any and all claims, demands and actions of any and every kind I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or participating in the NC Hot Sauce Contest Hot Pepper Eating Contest and its related events. If I am a minor, my parent or guardian also is signing on my behalf and we both agree to be bound by the terms of this agreement waiver and release.

I HAVE READ THIS AGREEMENT, WAIVER AND RELEASE, AND AGREE TO ACCEPT ITS TERMS.

Printed Name

Date Signed

Participant Signature

Parent/Guardian Signature (under 18 only)