



2018 Hot Chile Pepper Eating Contest Application Form

First Name: -----

Last Name:-----

Address: -----

P h o n e : (_ _) _____

Email:-----

Age:-----

Entry Fee is \$20.00 per person (First 15 applicants will be entered) Participants must be 18 years or older

Waiver and Release of Liability

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 Chile 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 others or myself. 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 2018 Chile 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 Bailey Farms Inc. and participating organizations; 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 Chile 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
Signature:

Date Signed