



Pie Eating Contest
OFFICIAL ENTRY / RELEASE FORM

NAME: _____ AGE: _____

CITY: _____

AGREEMENT ASSUMING RISK OF INJURY, WAVING DAMAGES, AND RELEASING FROM LIABILITY AND HOLDING HARMLESS THE COUNTY OF SAN BERNARDINO, THE REGIONAL PARKS DEPARTMENT, CALICO GHOST TOWN AND ALL OF THEIR OFFICERS, AGENTS, AND EMPLOYEES.

WHEREAS the undersigned understands and acknowledges that participation in the Pie Eating Contest (EVENT) may involve possible risk of physical injury and/or death, as well as, property damage and expense,

NOW, THEREFORE, in consideration of the Regional Parks extending to me the opportunity to participate in the EVENT, I the undersigned, hereby agree to release and hold harmless the County of San Bernardino, the Regional Parks Department, Calico Ghost Town and their officers, agents, and employees, from any and all liability and claims for any harm or loss that I may suffer during my participation in the EVENT, so that each of them shall not be held liable or responsible under any circumstances whatsoever by me, my estate, or my heirs for any injury, damage, or loss to my person or property sustained or incurred while participating in said EVENT. I release the County of San Bernardino and the Regional Parks Department from any potential or actual injury or death I may incur while participating in the EVENT.

I HAVE READ THE ABOVE AGREEMENT, FULLY UNDERSTAND ITS CONTENT AS A BINDING RELEASE OF LIABILITY AND CLAIMS, WAIVER OF DAMAGES, AND ASSUMPTION OF RISK OF INJURY BY ME AND AM SIGNING THIS DOCUMENT FREELY, VOLUNTARILY, AND WITHOUT RESERVATION.

In addition, I agree and grant all rights for photography and television coverage or taping of this event for publicity, advertising or other use. I agree to abide by the tournament rules as instructed by the officials.

I certify that I am in good health, and am not under the influence of Drugs or alcohol.

**THIS DOCUMENT IS FOR VIEWING ONLY.
SIGNATURE WILL BE REQUIRED AT TIME OF EVENT.**