



PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS. BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS.

I, _____, understand that participating in activities associated with the Pie Eating Contest (“Activities”) involves many risks, dangers, and hazards, including, but not limited to the risk of serious injury, death, or property damage. I agree to follow all safety measures and instructions. I acknowledge that I am voluntarily participating in the Activities and I freely accept and fully assume any and all of the risks, dangers and hazards involved and the possibility of injury, death, or property damage. In the event that I am injured as a result of the act or omission of any party, including San Bernardino County, it’s Contractors, Agents, Volunteers, Officers and Employees (hereafter collectively referred to as "County”), I fully release the County from liability for injury, death or property damage and my ability to recover special or general damages (as defined by Civil Code) will be limited in that I will not be entitled to recover special and general damages from the County.

In further consideration for being allowed to participate in the Activities, I hereby agree for myself, my heirs, administrators, executors and assigns that I will indemnify and hold harmless the County from any and all claims, damages, demands, actions or suits arising out of or in connection with my participation in the Activities brought by any third party.

I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

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 announced prior to each event by the officials.

IF PARTICIPANT IS A MINOR OR SUBJECT TO A GUARDIANSHIP, PLEASE COMPLETE THE FOLLOWING PARAGRAPH:

I, [FULL NAME]: _____, am the parent and/or Legal Guardian of: FULL NAME OF MINOR: _____ (“Minor”).

I fully understand that participation in the Activities exposes Minor to the risk of personal injury, death, or property damage. I hereby acknowledge that Minor is voluntarily participating in the Activities with my express permission. As parent and/or Legal Guardian, I expressly agree to assume any such risks and each of the releases above for Minor participating in the Activities. In consideration for being permitted to participate in the Activities, I hereby release and forever discharge County, for any injury, death or damage to or loss of personal property arising out of or connection with my or Minor’s participation in the Activities from whatever cause, including the County’s active or passive negligence or any other participants in the Activities.

Participant Name - Please Print

Participant Signature/Parent/Legal Guardian

Date