

MINNEOTA BOXELDER BUG DAYS
SMOKING BBQ RIB COOK-OFF
SEPTEMBER 6th 2014

REGISTRATION FORM

TEAM NAME: _____

CHIEF COOK: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL PHONE: _____

E-MAIL: _____

In consideration of my registration and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind. the Minneota Boxelder Bug Days, Boxelder Bug Committee, City of Minneota and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities 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.

SIGNATURE OF CHIEF COOK _____

DATE: _____

Registration is due by September 1st 2014

Mail to D.J. Prellwitz

1416 330th st

Minneota MN 56264

Any questions please call Randy (507)530-4443

D.J. (507)530-5553