



Registration Form

Pie Eating Contest 2024

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age as of Contest Date: _____

Phone #: _____ Email: _____

Release & Waiver of Liability: I know that participating in the Pie Eating Contest event is a potentially hazardous activity. I know that I should not enter such event unless I am properly fit, and medically able. I am aware of the risks of the Pie Eating Contest, and assume those risks. I am also aware of and assume any and all other risks, foreseen and unforeseen, including, the effect of the weather, the condition of the area, and the increased chance of injury due to activity of this nature. Knowing these facts, and in consideration of you accepting my entry to participate in Pie Eating Contest, I hereby, for myself, my heirs, personal representatives, and anyone else who may claim on my behalf, promise not to sue, and waive, release and discharge the Fall into Paris and Paris Area Chamber of Commerce, all sponsors and directors and officials helping with the Pie Eating Contest, from any and all damage of every kind foreseen and unforeseen, arising out or in the course of my participation in this event. We fully and completely understand that we are assuming any and all risks of possible injury as a result of taking part in this contest and that there is a risk of being injured by participating. We fully and voluntarily agree to assume this risk.

Contestant Signature: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION): This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THERE LEASEES, to the fullest extent permitted by law. I further agree to the photographic and video release set forth above.

X _____
Parent/Guardian Signature Date Signed Emergency phone number

*The Paris Area Chamber of Commerce reserves the right to use photos and video of participants and/or entries for future publicity at no monetary compensation.