

**CHILLI CHICKEN WING COMPEITION
ENTRY FORM**

FULLNAME:-

ADDRESS:-

PHONE:-

EMAIL:-

DOB:-

ENTRY FEE:- \$15

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, know that the above listed event is a potentially hazardous activity and I attend and participate in it of my own free will and choice. In choosing to participate in the BHH Chilli Chicken Wing Competition and any related activities , I fully accept and assume all risks that may occur before, during, or after this competition 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 authorised such expenses. I realise that this activity requires physical conditioning and I represent that I am in sound medical condition capable of participating in the Competition without risks to myself or others. 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 BHH Chilli Chicken Wing Competition and its related events, I for myself and anyone acting on my behalf, release, waive, discharge covenant not to sue and agree to hold the Broken Hill Hotel 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 participation in the Hot Wing 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 the agreement waiver & release.

I HAVE READ THIS AGREEMENT, WAIVER AND RELEASE, AND AGREE TO ACCEPT ITS TERMS

PRINT NAME:-

DATE:-

PARTICIPANT SIGNATURE:-

PARENT/GUARDIAN (U18 ONLY):-