



2017 Crawfish King Cook-off | Team Participation & Liability Waiver

Company: _____

Team Captain: _____ # of team members: 5

All cooking team participants must sign this form in order to participate in the **2017 Crawfish King Cook-Off to benefit Junior Achievement of Greater Baton Rouge and Big Buddy Program.**

Completed forms must be submitted to Event Director by Monday, April 24, 2017

I fully understand that my participation in the 2017 Crawfish King Cook-Off is voluntary. I further understand that, as with any event of this nature, the potential for injury exists. I understand that I should not participate in the 2017 Crawfish King Cook-Off unless I am medically able to do so.

I understand that Junior Achievement of Greater Baton Rouge, Big Buddy Program, the Consolidated Government the City of Baton Rouge and Parish of East Baton Rouge, and all of those entities' officers, directors, volunteers, employee agents and/or other representatives are hereinafter collectively referred to as the "Released Parties". By signing this for hereby specifically agree that the "Released Parties" shall not be liable for any loss, damage, injury or death arising from in any way related to my participation in the 2016 Crawfish King Cook-Off, even if such loss, damage, injury or death is caused, in whole or in part, by the negligent acts and/or omissions of the "Released Parties". I hereby specifically assume all such risks fully and completely.

I also give permission to the "Released Parties" for the use of my name, likeness and record of my participation for a legitimate purposes, including specifically (but not limited to) for use in materials relating to publicity, advertising and media relations.

IN WITNESS WHEREOF, this Agreement has been duly executed by parties, hereto as of the day and year written below.

CRAWFISH KING COOK-OFF AUTHORIZED SIGNATURE : _____

PRINTED NAME: _____ date: _____

PARTICIPANT – TEAM SIGNATURES:

PARTICIPANT-TEAM CAPTAIN PRINTED NAME: _____
COMPANY: _____ SIGNATURE: _____ DATE: _____

PARTICIPANT #2
PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

PARTICIPANT #3
PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

PARTICIPANT #4
PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

PARTICIPANT #5
PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

Please submit this waiver to: jscripps@jabatonrouge.com
or by fax 225.928.7088.