

Gizzard Eating Contest Application

120 West Main St., June 13, 2015 3pm

Name: _____

Address: _____

Date of Birth: _____ Phone Number; _____

Cell Number: _____ Email: _____

Entry Fee \$10.00 Received: _____

Application does not qualify you for the Gizzard Eating contest. Only the first 12 people to sign up are eligible applicants. First, second, and third place prizes will be awarded. Application must be signed by June 12, 2015 and entry fee of \$10 must be received by Joe's Gizzard City by June 13, 2015 2:30pm. The mailing address is Joe's Gizzard City 120 W. Main St., Potterville, MI 48876. For more info call (517)927-7912.

The competition is as follows. **Whoever eats 2 lbs. of Joe's Deep Fried Chicken Gizzards the fastest! Wins!**

Gizzard Eating Contest Rules & Waiver of Liability form.

- 1. Eligibility:** Contest is open to the first 12 paid and accepted contestants.
- 2. To enter:** Read carefully these official contest rules and waiver of liability form. Complete and sign the document below.
- 3. Contest Rules:**

You must sign the waiver. Drinking water or pop is allowed. Condiments are allowed. Both hands may be used. All Gizzards and batter crumbs must be eaten. Contestants may not interfere with other contestants or they will be disqualified. You may sit or stand in your designate area during contest. You must wait for the judges to start the competition. If you regurgitate or throw up your food during the contest you will be disqualified. When you are finished eating please place you hand down on the table to signal you have finished.

Judges will be on hand to answer any questions.

Grounds for disqualification:

Any health risks that could jeopardize your health or well being. Starting prior to the signal. Interfering with another competitor. Throwing up or regurgitating during contest.

Prizes Awarded

- First Prize - \$100 and 1st Place Chicken Trophy
Second Prize – 2nd Place Chicken Trophy and a Joe's Shirt
Third Prize – 3rd Place Chicken Trophy

Waiver of Liability

Contestant acknowledges that there are risks of personal injury, illness, and possible loss of life and risks of damages to or loss of property, which may result from participating in this contest.

Contestant voluntarily enters into the Joe's Gizzard City Gizzard Eating contest and assumes all these risks.

As a condition of entry, Contestant agrees to indemnify, defend, and hold harmless the Potterville Chamber of Businesses "Gizzard Festival", Joe's Gizzard City (Joe's Potterville Inn Inc.), their sponsors, vendors, and co-sponsoring companies, and their affiliates and agencies; and all officers, directors, employees and agents of the foresaid entities from any and all claims and costs, including attorney fees, relating to, arising from, or in connection with participation in this Contest or the receipt or use of any prize. In so doing, Contestant releases and indemnifies aforesaid entities and individuals from liability for injuries or damages of any kind relating to, arising from, or in connection with participation in this contest or the receipt or use of any prize. In no event shall the "Gizzard Festival", Joe's Gizzard City (Joe's Potterville Inn Inc.) be liable to a contestant for acts or relating to, arising out of, or in connection with the Contest or Contestant's participation in the Contest.

FINAL AUTHORITY: Joe's Gizzard City (Joe's Potterville Inn Inc.) have sole and complete discretion regarding all contestant-related matters. All decisions regarding qualification, selection, or disqualification of a contest or winner shall be subject to the sole and complete discretion of Joe's Gizzard City (Joe's Potterville Inn Inc.) You May be disqualified for any reason at any time.

BY SIGNING BELOW, I AGREE NOT TO DISPUTE THE OUTCOME OR ANY ASPECT OF THIS CONTEST.

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND THE I HAVE CAREFULLY READ, UNDERSTAND, AND ACCEPT THE TERMS OF THE JOE'S GIZZARD CITY GIZZARD EATING CONTEST AND WAIVER LIABILITY FORM. I UNDERSTAND AND ASSUME ALL RISKS, AND I AM VOLUNTARILY ARGEEING TO PATICIPATE IN THIS CONTEST. IN CASE OF AN EMERGENCY, I AUTHORIZE A REPRESENTATIVE OF JOE'S GIZZARD CITY TO CONSENT TO ANY MEDICAL TREATMENT OR CARE DEEMED ADVISABLE.

Signature _____

Date _____

Print Name _____