



BEE TOGETHER AT

UINTAH COUNTY FAIR 2022

August 18, 19, & 20

FOOD EATING CONTEST
AUGUST 18, 2022
UINTAH CONFERENCE CENTER STAGE
CONTESTANT REGISTRATION
WAIVER OF LIABILITY

ACKNOWLEDGEMENT OF RISKS AND WAIVER OF LIABILITY: CONTESTANT ACKNOWLEDGES THAT THERE ARE RISKS OF PERSONAL INJURY, ILLNESS AND POSSIBLE LOSS OF LIFE, AND RISKS OF DAMAGE TO OR LOSS OF PERSONAL PROPERTY, WHICH MAY RESULT FROM PARTICIPATING IN THIS CONTEST. CONTESTANT VOLUNTARILY ENTERS CONTEST AND ASSUMES ALL OF THE RISKS. CONTESTANT, AS A CONDITION OF ENTRY, AGREES TO INDEMNIFY AND HOLD HARMLESS UINTAH COUNTY AND ALL OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS OF THE AFORESAID ENTITIES, FROM ANY AND ALL CLAIMS AND COSTS, INCLUDING ATTORNEYS' FEES, 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 THE AFORESAID ENTITIES AND INDIVIDUALS FROM LIABILITY IN INJURIES OR DAMAGES OF ANY KIND ARISING FROM OR IN CONNECTION WITH PARTICIPATION IN THIS CONTEST OR THE RECEIPT OR USE OF ANY PRIZE, EXCEPT WHERE SUCH CLAIMS OR COSTS ARISE OUT OF THE INDEMNIFIED PARTY'S GROSS NEGLIGENCE.

CERTIFICATION AND SIGNATURE: I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND THAT I HAVE CAREFULLY READ, UNDERSTAND AND ACCEPT THE TERMS OF THE UINTAH COUNTY FAIR FOOD EATING CONTEST RULES AND ENTRY FORM. MY SIGNATURE INDICATES MY UNDERSTANDING AND ASSUMPTION OF THE RISKS AND MY VOLUNTARY PARTICIPATION IN THIS CONTEST.

PRINT NAME: _____ DATE: _____

ADDRESS: _____ CITY / STATE: _____

SIGNATURE: _____ CELL PHONE: _____

ALIAS: _____

INFORMATION:

LESHA COLTHARP: 435- 781- 6765

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