

**COMPETITION STYLE
2 DAY COOKING
TECHNIQUE CLASS**



Date: _____

Name: _____

Team Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Emergency contact name: _____ Phone: _____

How long have you been competing? _____

What do you cook on? _____

Have you taken other BBQ classes? _____ If yes, whose? _____

Cost: \$400 per person Spouses: \$250 (complete separate form)

You can reserve a spot with a \$50 non-refundable deposit. Balance must be paid in full by 6/18/10.

*This class will involve the use of fire, smoke, fuels, knives, needles, and other assorted possibly dangerous items. You are responsible for your own safety. If you cannot or will not take responsibility, you can not participate in this class.

Swamp Boys BBQ LLC
Competition Cooking Class
June 25-26, 2010

Mail this form and check to:
Swamp Boys BBQ LLC
2780 Register Rd
Winter Haven FL 33884

By my signature to this waiver, I, in my individual capacity, state that I have read, had an opportunity to ask questions about, and I understand the above description of activity and the dangers inherent in such activity. I hereby assume the risk of such activity, and I expressly waive all claims which I or my estate may have for death, injury, and/or damages arising from this activity against Swamp Boys BBQ LLC or any individual acting in an official capacity for Swamp Boys BBQ LLC and indemnity. I will hold harmless Swamp Boys BBQ LLC and its agents from any and all such claims regardless of either simple or gross negligence on their part. This waiver shall be interpreted in accordance with the law of Florida.

I acknowledge and hereby certify that I am of legal age and am executing this Waiver of Liability of my own free will.

Signature: _____ Date: _____