

**COMPETITION STYLE  
2 DAY COOKING  
TECHNIQUE CLASS**

**SWAMP  
BOYS  
CHAMPIONSHIP BBQ TEAM**

Jan. 24-25, '15  
Winter Haven, FL

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

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: \$500 per person Spouses: \$300 (complete separate form) Add \$15 if using PayPal  
You can reserve a spot with a \$100 **non-refundable** deposit. Balance must be paid in full by 01/16/15.

\*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  
Jan. 24-25, 2015

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

**\*Do NOT send via signature delivery confirmation\***

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 authorize the use of my picture(s) or my likeness in any promotions or advertising materials that will be used for promotion. 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: \_\_\_\_\_