

**COMPETITION STYLE
2 DAY COOKING
TECHNIQUE CLASS**

**SWAMP
BOYS
CHAMPIONSHIP BBQ TEAM**

May 6-7, 2017
2400 Havendale Blvd
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 Spouse: \$300 (complete separate form) Add \$18 if using PayPal
Balance must be paid in full by April 29, 2017. **No Refunds.** If you are unable to attend the class you have signed up for, you may attend a future class or sell your spot.

*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
May 6-7, 2017

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: _____