

# 2024 Eliot Festival Day Donut Eating Contest Waiver Form

Each individual contestant (or parent/legal guardian for participants under the age of 18) must read and sign the following waiver to compete in the 2024 Eliot Festival Day Donut Eating Contest. By signing the following agreement, the participant (or parent/legal guardian, if participant is under the age of 18) acknowledges that he/she understands and agrees to the waiver in its entirety.

This is a donut eating contest. As with any eating contest, there are potential choking hazards if food is ingested too quickly or not chewed completely. If you have any concerns or conditions that would be contraindicated for participation in such an event, we recommend you not participate.

If there are ANY FOOD ALLERGY/SENSITIVITY CONCERNS OF ANY TYPE, we recommend you not participate.

RELEASE OF ORGANIZERS AND SPONSORS: By signing this form for myself or as parent/legal guardian for below-named participant (if he/she is under 18 years old), I understand and agree to absolve all organizers and sponsors, be they individuals or organizations, singly and collectively, of all blame for injury, misadventure, harm, loss or inconvenience suffered as a result of my participation in the 2024 Eliot Festival Day Donut Eating Contest or in dangerous activity and assume all liability for my actions.

Signature must be of parent/ legal guardian if participant is under the age of 18.

1. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

2. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

3. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

4. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

5. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

6. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

7. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

8. NAME (Please print): \_\_\_\_\_ Age: \_\_\_\_\_

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