



Saturday, November 16, 2024
Entry Form

Circle the category you are entering: **FISH / FOWL / GAME**

A completed entry form and release form attached must be submitted for each cook off team entered. \$100.00 cash, check, money order or cashier's check **ONLY** will be accepted. Make checks payable to Bay Springs Chamber of Commerce. Teams may enter one or all three categories, but must pay \$100 for each entry.

Team Name: _____

Team Captain: _____

Email: _____

Cell Phone: _____

Check box if electricity is needed.

Team Members

- 1. _____
- 2. _____
- 3. _____
- 4. _____

The above team and members hereby grant permission to the Wild Game Cook Off Committee and/or its agents authorized by them to use any and all pictures, statements, videos or any other publicity related information or materials of this event for any purpose. We recognize and acknowledge that hazards may exist as a participant or team member of the event and that these hazards may not be subject to detection and that the Wild Game Cook Off Committee cannot guarantee my safety or health.

Signature of Team Captain _____

DEADLINE TO ENTER YOUR TEAM IS MONDAY preceding the SATURDAY event. Entry forms may be dropped off at Bay Springs City Hall or Magnolia State Bank Downtown Laurel or mailed to Magnolia State Bank 500 Central Avenue, Laurel, MS 39440 Attn: Heather Brown. Mandatory pre-cook off team meeting is Tuesday, November 12th starting at 5:30pm. at The Old Post Office in Bay Springs: 426 HWY 18 Bay Springs, MS 39422.

RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

The undersigned (the "Permittee") does hereby represent unto the City of Bay Springs, MS, its agents, employees and committees (the "City"), that he or she is eighteen (18) years of age or older, or if not, that his or her parent or guardian has signed below and that Permittee is in proper physical and mental condition and has all the equipment necessary to participate in the Wild Game Cook Off.

As consideration for the Permittee being permitted to participate in the cook-off in the capacity requested in the application to which this form is attached, Permittee or if a minor, his/her parent or guardian hereby RELEASES Magnolia State Bank, City of Bay Springs, Bay Springs Chamber of Commerce, Bay Springs Main Street Association, the cook-off chairman, and its officers, agents, employees, successors, and assigns (the "Sponsors"), from any and all claims for liabilities, damages, expenses, reasonable attorney's fees, and cost of court which the Permittee and if the Permittee is a minor, which his or her parent/guardian may have against the Sponsors, arising out of the undersigned's participating in the cook-off. The Permittee, and, if the Permittee is a minor, then his or her parents/guardian hereby covenant not to file any action at law or in equity against the Sponsors, its officers, agents, employees, successors, and assigns from all liabilities, damages, expensed, reasonable attorney's fees and cost of court which they or any of them may suffer or incur, jointly, or severally, as a result of any claim made against them, or any of them, by the Permittee and if the Permittee is a minor by his or her parent/guardian or any other persons, association or corporations whomsoever, arising out of the Permittee's participation in the cook-off.

The undersigned(s) recognizes and acknowledges that hazards may exist as a participant or team member of the event and that these hazards may not be subject to detection and that the Sponsors cannot guarantee my safety or health. The Sponsors do not guarantee that each participant preparing food has followed proper food preparation and/or sanitation guidelines nor do the Sponsors guarantee that the prepared food is free of allergens. We voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that we may sustain as a result of participation in this event.

Signature of Team Captain _____ Date _____

Signature of Permittee _____

Signature of Permittee _____

Signature of Permittee _____

Signature of Permittee _____