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**Watermelon Eating Contest Liability Waiver**
By participating in the Watermelon Eating Contest, produced by the Town of Yacolt, I agree on behalf of myself, my spouse, my children, heirs, personal representatives and assigns (collectively “guest”), to the following:

1. To indemnify and hold harmless the Town of Yacolt and its agents associated with the event, all sponsoring organizations and their elected officials, directors, employees, representatives and volunteers from any responsibility, injury, property damage, loss, personal liability, or claims of loss, damage or expenses that may occur or relating to the participation/ attending within the event. The entities above are not responsible for any injury sustained by exhibitors, patrons, animals or guests.
2. Contestant or contestant’s parent/guardian acknowledges that there are risks of personal injury, illness or choking which may result from participating in the Watermelon Eating Contest. Contestant and/or representatives as a condition of entry, agrees to indemnify and hold harmless the Town of Yacolt, sponsors, vendors or any others affiliated with the Watermelon Eating Contest from any and all responsibility or damages that may occur to participants as a result of participating in this contest.
3. I give the Town of Yacolt, their assigns, licensees, and legal representatives the irrevocable right to use my picture, portrait or photograph in all forms, media and promotional materials, without restriction as to changes or alterations for advertising, trade, promotion, exhibition, or any other lawful purposes. I waive any right to inspect or approve the photographs that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

Name of Entry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_