



## 2 DAY COMPETITION COOKING CLASS

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

Team: \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_ Black or Pink

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been competing: \_\_\_\_\_ PRO / Backyard

What do you cook on? \_\_\_\_\_

Have you taken a BBQ Class before? If so who's? \_\_\_\_\_

**Cost \$700 per person - Additional Team Members \$700 per person - Spouses \$400**

**Once paid and you need to cancel, your entry fee will be applied to the next available class.**

**Class location: 3711 Century Blvd Suite #5 Lakeland FL 33811**

**Mail or Email this form to: Sweet Smoke Q 3711 Century Blvd Suite 5 Lakeland FL 33811 -  
jim@SweetSmokeQ.com**

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Sweet Smoke Q LLC, and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at aid event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event. I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

**I hereby certify that I have read this document and I understand its content.**

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

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