



2 DAY COMPETITION COOKING CLASS

Dates: 1:00 pm to 8 pm January 13th and 7:00 am to 3:00 pm the 14th

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 \$625 per person - Additional Team Members \$400 per person - Spouses \$300

Reserve a spot for \$100 non-refundable deposit. Balance must be paid 2 weeks prior to the class.

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

Class location: 3609 Century Blvd Suite 3 Lakeland FL 33811

Mail or Email this form to: Sweet Smoke Q 3609 Century Blvd Suite 3 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: _____