

SWARTZ CREEK HOMETOWN DAYS

IN PARTNERSHIP WITH **HOOTERS**
OF FLINT



PRESENTS:

THE 2ND ANNUAL

HOT WING

EATING CONTEST

CONTEST WILL ONLY BE OPEN
TO PARTICIPANTS 18 YEARS
AND OLDER, TO THE FIRST 20
ENTRIES! REGISTER ONLINE AT
THE LINK LISTED AT THE
BOTTOM OF THE PAGE.

SATURDAY

JUNE 2ND, 2018

STARTING AT 8PM
IN THE ENTERTAINMENT TENT

1ST PLACE: \$50 FREE WINGS
2ND PLACE: \$25 FREE WINGS



[HTTP://WWW.SWARTZCREEKHOMETOWNDAYS.ORG/WING-EATING-CONTEST](http://www.swartzcreekhometowndays.org/wing-eating-contest)

3415 MILLER RD., FLINT, MI 48507 | 810-732-0860



PARTICIPANT REGISTRATION AND WAIVER FORM



WAIVER OF LIABILITY/PERMISSION/MEDICAL RELEASE FORM

THIS FORM IS NECESSARY FOR ANY CONTESTANT. YOU WILL NOT BE ALLOWED TO PARTICIPATE
WITHOUT THIS FORM.

NAME OF CONTESTANT: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS SWARTZ CREEK HOMETOWN DAYS & HOOTERS OF FLINT HOT-WING EATING CONTEST TRUSTEES, EMPLOYEES, AGENTS AND ASSIGNS FROM ANY AND ALL LIABILITY, DAMAGE, CLAIM OF ANY NATURE WHATSOEVER ARISING OUT OF OR IN ANY WAY RELATED TO MY PARTICIPATING IN THIS CHALLENGE. PARTICIPATING IN ANY ACTIVITY IS A RISK OF INJURY. I AGREE THAT MY SAFETY IS PRIMARILY DEPENDENT UPON MY TAKING PROPER CARE OF MYSELF. I ASSUME ALL RISKS RELATED TO THE ACTIVITIES. IN CASE OF AN EMERGENCY, I DO HEREBY AUTHORIZE AND CONSENT TO ANY MEDICAL TREATMENT OR CARE DEEMED ADVISABLE. I HAVE READ AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF SWARTZ CREEK HOMETOWN DAYS & HOOTERS OF FLINT HOT-WING EATING CONTEST; MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTAND AND HAVE FREELY SIGNED THIS AGREEMENT.

SIGNATURE: _____ DATE: _____

PARENT/ GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE)

SIGNATURE: _____ DATE: _____