



Smoking In The Foothills Kid's Que Championship Entry Form

Child/Cook Name: _____ Age: _____

Parent/Guardian Supervisor Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Entry Fee: \$20.00

Entry Fee Must Accompany the Application. Make checks payable to: Smoking In The Foothills.

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my team, executors and administrators, waive and release any and all rights and claims for damages I or my team may have against the Smoking in the Foothills Festival, the City of Lenoir, the Smoking in the Foothills Sponsors, their representatives, successors and assigns for any and all injuries suffered by myself, my team or my guest in the event. Further, I grant full permission to the event organizers and/or agents authorized by them, to use any photographs, videotapes, recording or any record of the event for any legitimate purpose. I have read and agree to abide by the rules and regulations set forth by the Smoking in the Foothills Festival.

Parent/Guardian Signature: _____

Mail entry to: Smoking In The Foothills
309 Sheldon Street
Hudson, NC 28638