

22ND ANNUAL GOLDTHWAITE STATE CHAMPIONSHIP BBQ & GOAT COOK-OFF 2019 APPLICATION

LSBS SANCTIONED TEXAS STATE CHAMPIONSHIP
GOLDTHWAITE, TEXAS
APRIL 26-27, 2019

DUTCH OVEN COBBLER

PLEASE PRINT & FILL IN ALL INFORMATION REQUESTED

Name of Team: _____ Head Cook: _____

Address _____ City _____ ST _____ Zip _____

Cell Phone: _____ Email: _____

1st place – Dutch Oven + ½ entry fees
2nd place - \$20.00
3rd place - \$10.00

ENTRY FEE	\$20.00 per team	
		TOTAL

APPLICATIONS SHOULD BE RECEIVED BY APRIL 15, 2019

SEND APPLICATION AND CHECK PAYABLE TO:

MILLS COUNTY CHAMBER OF COMMERCE

GOAT COOK OFF, PO BOX 308 GOLDTHWAITE, TX 76844 325-648-3619, OR EMAIL TO gcc@centex.net

**NOTICE: ONLY ONE (1) VEHICLE PER COOKING TEAM WILL BE ALLOWED PARKING DOWN IN THE PARK,
PARKING RULE WILL BE ENFORCED. ALL OTHERS WILL BE TOWED AT OWNERS EXPENSE.**

“NO EXCEPTIONS”

Waiver/Release: Conditioned upon consideration of being an accepted vendor, concessionaire, and exhibitor or participant, the undersigned hereby waives any right which he/she may have or may have in the future for injuries or damage occurring or caused by being a participant and does hereby release: The Mills County, Goldthwaite Area Chamber of Commerce And Agriculture, Inc., and/or any of its officers, directors and staff, The City of Goldthwaite and/or any of its officers/employees, Mills County and/or any of its officers/employees and the Goldthwaite Independent School District and/or any of its officers or employees, and any persons or entity having ownership, control or possession of grounds during the Mills County, Goldthwaite Area Annual Goat & BBQ Cook-Off, and/or The Arts & Crafts Show, setup, duration and cleanup, including past and present affiliates, subsidiaries, officers, directors, partners, principals, employees, attorneys, insurers, agents, servants, volunteers, successors, heirs and assigns from any and all claims, demands, obligations, losses, cause of action, costs, expenses, attorney’s fees and liabilities or any nature whatsoever, for any damages or injury occurring to the undersigned arising out of before, during and after said participation in above mentioned events, whether based on contract, tort, or statutory or other legal or equitable theory of recovery, whether known or unknown.

I have read the above waiver and respectfully agree with the terms of this waiver by signing my name below. Waiver must be signed to participate.

Date: ____ / ____ / 2019

(Name) First Middle Initial Last