

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

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

**PEOPLE'S CHOICE APPETIZER**

**PLEASE PRINT & FILL IN ALL INFORMATION REQUESTED**

Name of Team: \_\_\_\_\_ Head Cook: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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

**5:30 – 7:30 FRIDAY APRIL 26TH**

**WINNER WILL BE ANNOUNCED AT 7:45 ON  
BASKETBALL COURT BEFORE BAND STARTS**

**REGISTRATION IS FREE: EACH CONTESTANT MUST PREPARE A MINIMUM  
OF 50 SAMPLES. THE CHAMBER WILL PROVIDE CONTAINERS TO SERVE  
SAMPLES.**

**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