



Apple Day 2019 Pie Eating Contest Application

Submit this form on Saturday September 21nd, 2018 10am – 11:45am
at the Excelsior-Lake Minnetonka Chamber of Commerce (312Water
Street)

Name: _____

Address: _____

Age: _____

Phone: _____ Email: _____

Emergency Contact Name & Phone: _____

- Adult category registration limited to the first 5 applications
- Child category registration limited to the first 12 applications
- There will be one 1st place adult prize and one 1st place child prize

Apple Day Eating Contests Rules

- Adults must be 18 years or older (eating an 8” apple pie)
- Children must be between 12 – 17 years old (eating an apple turnover instead of an apple pie)
- No hands or utensils can be used. Each contestant will consume the pie/turnover using solely their mouths
- Using hands will disqualify a contestant
- The contestant finishing eating the pie/turnover in the shortest amount of time determines the winner
- All parts of the pie/turnover must be eaten
- Any visible signs of sickness (including vomiting, spitting, etc.) will disqualify a contestant

All contestants must sign a waiver prior to competing

In consideration of acceptance into the above referenced Excelsior Lake Minnetonka Chamber of Commerce program, I do hereby, for myself, my children, my heirs, executors and assigns, release the Chamber and the officials, officers, agents, employees, and volunteers of the Chamber from liability for any harm, injury, or damage which I or my immediate family may suffer while participating in the above described program. This includes all risks that are connected with this activity whether foreseen or unforeseen. I agree to hold the Chamber and its agents, officials, employees and volunteers harmless from any damage to persons or property, resulting from my negligence and/or intentional acts. I assume the responsibility of mental and physical fitness to participate in said program, and agree to abide by all rules and requirements of the program. I am of lawful age and legally competent to sign this Agreement for and on my behalf. I understand the terms and have signed this document as my own free act.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY
READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I
AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.**

Signed by: _____ Date: _____

Witnessed by Chamber staff: _____ **Date:** _____