

KID'S QUE ENTRY FORM

COMPETITOR NAM	E	
ADULT ASSISTANT		
COMPETITOR AGE		
MAILING ADRESS		
CONTACT PHONE _	EMAIL	
Waiver of Liab	i lity: In consideration of the Ab	sarokee Area Merchants
Association (AA	MA) accepting this entry, I, the	e undersigned, intending to be
legally bound, I	nereby for myself, my heirs, exc	ecutors and administrators,
waive and relea	ase any and all rights and claim	s for damages against the AAMA
all sponsors, th	eir representatives, successors	and assigns for any and all
injuries suffere	d by me or any member of my	Team during the course of this
event. Further,	I hereby grant full permission t	to the Montana BBQ Cook-
Off/AAMA, and	I/or agents authorized by them	, to use any images, recordings
and any other i	record of this event for any legi	timate purpose.
I, the un	dersigned, agree to and accep	t all the terms, conditions, rules
and regulation	s, on behalf of my child.	
Signature		Date
The Montar	na BBQ Cook-Off reserves the r	iaht to limit or refuse entries.
	entry form to AAMA (Absarokee	-
Mail to: PO B	ox 62, Absarokee, MT 59001	Email: mtbbq@yahoo.com

Phone: 406.328.6822 Website: www.montanabbqcookoff.com