



Saturday, October 21, 4 to 9 p.m.  
Bobby Lanier Farm Park  
2660 Cross Country Drive

## BARBEQUE TEAM ENTRY FORM

Team name: \_\_\_\_\_

Team captain: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Team entry fee: \$150 per team**

**Checks payable to: City of Germantown**

**Mail to:** Germantown Parks and Recreation, 2276 West Street, Germantown, TN 38138

Categories: Best Barbeque Chicken \_\_\_\_\_ Best Barbeque Pork Ribs \_\_\_\_\_

For Office Use Only: Check # \_\_\_\_\_ OR Paid by Credit Card \_\_\_\_\_

**By signing below, each team member agrees to comply with all event rules and to the terms of this waiver:**

In consideration for being allowed to participate in the activities relating to the **Grill-Off in the Garden**, the ("Special Event"), I hereby expressly assume all risks and hazards incidental to my participation in the Special Event and assume full responsibility for all risks of bodily harm and property damage resulting from or in connection with my participation in the Special Event, including without limitation, transportation to and from the activities relating to the Special Event. I hereby voluntarily release, waive and forever discharge and agree to indemnify and hold harmless, the City of Germantown, its elected officials, officers, employees, agents, representatives and related persons (collectively the "City") from any and all liabilities, claims, damages, injuries and losses, including attorney's fees and courts costs, resulting from, arising out of or connected in any way with my participation in the Special Event and related activities; and further agree to indemnify, defend and hold the City harmless from and against any and all liabilities, claims, damages, injuries and losses, including attorney's fees and courts costs, for personal injury or property damage to any person or entity resulting from or related to my participation in this Special Event.

Team Captain: \_\_\_\_\_

Date: \_\_\_\_\_

Team Member: \_\_\_\_\_

Date: \_\_\_\_\_

Team Member: \_\_\_\_\_

Date: \_\_\_\_\_

Team Member: \_\_\_\_\_

Date: \_\_\_\_\_

Team Member: \_\_\_\_\_

Date: \_\_\_\_\_