

SONS OF THE AMERICAN LEGION

SQUADRON 147

17TH ANNUAL BBQ COOK OFF

OFFICIAL ENTRY FORM

Team Name _____

Pitmaster _____

Alt. Pitmaster _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Pone Number () _____

Waiver of Liability: I hereby agree that the Sons of the American Legion, the Sons of the American Legion organizers and The American Legion Post 147, their members, Officers, Employees, Sponsors, and fellow contestants of the 16th Annual SAL BBQ Cook-Off will in no way be responsible for any loss or damage, regardless of how much loss, damage or injury is occasioned and therefore indemnify and hold harmless the above stated parties from any claims, suits and/or judgments, including the cost of defense of any such claim and/or suit incurred by the Sons of the American Legion Cook-Off organizers brought by anyone as a result of any loss, damage or injury to any person or property occasioned by any action or inaction of contestants, either solely or in conjunction with

the Sons of the American Legion Cook-Off. Further, I hereby grant full permission to the Sons of the American Legion BBQ Cook-Off organizers and/or agents to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose. I also agree to abide by all contest rules and regulations. I, _____, on behalf of the above named team do hereby state that I have read and agree to abide by the above stated conditions of this contest.

Signed _____ Date _____

Amount Due: \$140

Date Paid: _____

*****Please make checks payable to SAL POST 147
Mail to: Justin Sealey 968 Folly Road, Charleston SC 29412*****