



DELTA HOT TAMALE FESTIVAL
DOWNTOWN GREENVILLE, MISSISSIPPI
SATURDAY OCTOBER 19, 2019
9:00A.M. – 6:00P.M.

2019 INFINITE CONCEPTS HOT TAMALE EATING
CONTEST APPLICATION

CONTESTANT NAME: _____ AGE: _____

TELEPHONE: _____ EMAIL: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

***** ALL COMMUNICATIONS REGARDING THE FESTIVAL WILL OCCUR VIA EMAIL *****

ENTRY FEE: \$10.00 PAYOUT: \$100.00 AND WINNER TAKES ALL

Please make checks payable to GGDF, remit payment along with completed application to:
GGDF Attn: Hot Tamale Festival Eating Contest, 504 Central Street, Greenville, MS 38701

ACKNOWLEDGEMENT OF RISKS AND WAIVER OF LIABILITY:

Contestant acknowledges that there are risks of personal injury, illness or loss of personal property, which may result from participating in this contest. Contestant voluntarily enters The Delta Hot Tamale Eating Contest and assumes all of these risks. Contestant, as a condition of entry, agrees to indemnify, defend and hold harmless Greater Greenville Development Foundation and affiliated companies, their vendors, their advertising, promotion and public relations agencies, co-sponsoring companies and their affiliates and agencies, and all officers, directors, employees and agents of the aforesaid entities, from any and all claims and costs, including attorneys' fees, relating to, arising from or in connection with participation in this contest or the receipt or use of any prize. In so doing, contestant releases and indemnifies the aforesaid entities and individuals from liability for injuries or damages of any kind arising from or in connection with participation in this contest or the receipt or use of any prize. In no event shall Greater Greenville Development Foundation be liable to a contestant for acts or omissions arising out of or related to the Contest or that Contestant's participation in the challenge.

CERTIFICATION AND SIGNATURE:

I certify that the information provided is correct and that I have carefully read, understand and accept the terms of The Delta Hot Tamale Eating Contest. My signature indicates my understanding and assumption of the risks and my voluntary participation in this contest.

Contestant Signature: _____ Date: _____

Parent or Guardian Signature
(If contestant is under the age of 18) _____ Date: _____