



Apple Day 2015 Pie Eating Contest Application

Submit this form with your entry on Saturday September 19th 2015
10am – 11:45am at the
Excelsior-Lake Minnetonka Chamber of Commerce, 37 Water 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

1st place adult prize – a medal to keep and a \$50.00 donation will be made on your behalf to ICA Food Shelf

1st place child prize – a medal to keep and a \$50 donation will be made on your behalf to ICA Food Shelf

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



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- 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:_____