

Chili & Chillin'

4th Annual Rotary Club of Coral Gables Chili Cook-off

(Unsanctioned Cook-off)

Fred B. Hartnett Ponce Circle Park - February 24, 2019, 1:00PM – 5:00PM

CHEF'S REGISTRATION/ENTRY FORM

Team Name: _____

Head Chef: _____ Assistant Chef: _____

Address: _____ Address: _____

Telephone No: _____ Telephone No: _____

E-mail Address: _____ E-mail Address: _____

Category: Check One	Public Service _____	Youth _____	Restaurant _____	House of Worship _____	Vegetarian _____	Open _____
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Total Amount Due \$25.00 (see note below) Check# _____ Cash _____

GENERAL AGREEMENT / RELEASE

In consideration for the Rotary Foundation of Coral Gables, Florida, Inc. and the Rotary Club of Coral Gables, Florida, Inc. (hereinafter collectively referred to as "Gables Rotary") providing the requested activity, we,

_____ & _____ do hereby:
Head Chef (PRINT NAME) Assistant Chef (PRINT NAME)

- 1) Assume all risk of possible damage or injury through my participation in this Gables Rotary activity.
- 2) Agree to compensate the Gables Rotary for any repair and/or replacement costs for damages to the facility or equipment as a result of my misuse of the equipment.
- 3) Agree to indemnify and hold harmless the Gables Rotary and/or its officers, directors, members, agents or employees from any and all liability, claims, suits, losses, damages including attorney's fees at the trial and appellate court level, paralegal fees and investigative costs for injury to person or property arising out of my participation in the requested program.
- 4) Understand and agree to abide by all applicable rules and regulations as set forth herein and attached to this form. I further understand that I may be asked to vacate the premises and may forfeit my participation fee and/or security deposit if I fail to abide by these rules and regulations or any other reasonable request from the Gables Rotary staff.
- 5) I certify that the above information is correct and that I have read and understand the rules and regulations governing this activity.
- 6) Agree to allow the Rotary Club of Coral Gables to use any photographs and videos that include the images of my team, tent, product, or other materials, for their use in any way at their sole discretion.

Signature: _____
Head Chef

Signature: _____
Assistant Chef

Date: _____

Date: _____

Please return this form along with payment to:
Coral Gables Rotary
PO Box 14-1446
Coral Gables, FL 33114-1446

COMPLETED REGISTRATION/ENTRY FORM AND PAYMENT MUST BE RECEIVED NO LATER THAN February 1, 2019

Note: Applications received after February 1, 2019 will be charged \$50.00.

Please make checks payable to: Rotary Foundation of Coral Gables.
Mandatory Chef's meeting will be Thursday evening 2/21/19 at 7:00PM, location to be confirmed.
Booth location will be assigned on a first-come, first-served basis.
Booth set-up begins at 9:00 AM. Judging will be at 3:00 PM.
No electricity will be provided.

For Office Use Only

Date Received: _____ Booth Space Assigned: _____

By: _____ Initials: _____

CONTACT FOR ADDITIONAL INFORMATION: Bruce Kerestes, bkerestes@aol.com, 786-385-7185