



THREE POT DUTCH OVEN COOK -OFF
JUNE 13, 2009
BRIGHAM CITY HERITAGE ARTS FESTIVAL

TEAM NAME _____

TEAM MEMBERS NAMES:

1. _____

2. _____

3. _____

4. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE NUMBER () _____

EMAIL ADDRESS: _____

LIABILITY

In consideration of the acceptance of the right to participate, entrants, participants and spectators, by execution of their entry form, release and discharge the Heritage Arts Festival planners and organizers (HAF), Brigham City, and the State of Utah, their officers, directors, employees, agents, representatives, and anyone else connected with the management or presentation of

the Brigham City Heritage Arts Festival of and from any and all known or unknown damages, injuries, losses, judgments and/or claims from any cause whatsoever that may be suffered by any entrant to his/her person or property. Further each entrant expressly agrees to indemnify all forgoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or any participant assisting or cooperating with entrant and under the direction or control of entrant. All entrants and participants will act with respect and responsibility to other persons and property, and maintain a safe speed not exceeding 5 (five) miles per hour while on event property.

ADVERTISING RELEASE

In consideration of this entry, car owner and family or guests agree to permit HAF the use of their names and pictures for publicity, advertising and commercial purposes (including: newspapers, magazines, radio and television) before, during and after the event and do hereby relinquish any rights whatsoever to any photos taken in conjunction with the event and give permission to publish or to sell or otherwise dispose of said photographs to HAF. All publicity and advertising rights reserved by HAF.

I have read and agree to all conditions of the Brigham City Heritage Arts Festival and rules governing the event as set forth on this form and agree to observe all rules and dictations of the event coordinators and/or managers.

Signature: _____

Date: _____

Mail Form To:
Sherie Holst
Brigham City Corporation
PO Box 1005
Brigham City UT 84302 or
Fax: 435-734-9828

