

# APPLICATION

## THE DELL'OSSO FAMILY FARM BACONFEST WORLD BACON EATING CHAMPIONSHIP AMATEUR EVENT

Lathrop, CA; September 9, 2017

I, the undersigned participant in this eating contest ("Contest"), hereby stipulate that I am 18 years of age or older and I have valid photo identification to prove my age which I will furnish to the Contest organizers upon demand. I agree to abide by all Contest rules, to compete in a safe and reasonable manner, and to accept all judges' rulings.

**I understand the health and associated risks inherent in eating contests and in the consumption of large quantities of food and calories over both short and extended periods of time.** I certify that I am in good health and have consulted with qualified persons in the medical profession and obtained clearance for me to participant in this Contest and similar eating contests. I have no allergies to food, or other items, that would create a health risk to me. I agree to cooperate and speak with media and interviewers authorized by the Contest organizers regarding the Contest and I agree to grant and release all rights on my name, likeness, image, performance and interviews before, during or after the Contest for use by the Contest organizers, their sponsors and licensees, in any and all media in perpetuity and for any and all purposes whatsoever. I also hereby waive, on behalf of myself, successors, heirs and assigns and anyone else claiming under me or on my behalf, all ownership or other property rights to my performance in the Contest and all related activities in perpetuity in all media whatsoever.

I expressly understand that entry and participation in the Contest and all related events and activities, including, without limitation, travel to the Contest and time spent in and around the area of the Contest, interviews with and possibly negative portrayals by the media, and my performance in the Contest, shall be at my own risk and I assume sole and complete responsibility and liability for all such risks.

I, on behalf of myself, my successors, heirs and assigns and anyone else claiming under me, hereby completely, irrevocably and unconditionally release and discharge all sponsors and licensees of the Contest; Dell'Osso Family Farms, LLC; organizers of the Contest; the venue hosting the Contest; the International Federation of Competitive Eating; Inc. (IFOCE); Major League Eating™ (MLE); Shea Brothers Communications, LLC; respective owners, directors, officers, agents, attorneys, employees, fiduciaries, parents, subsidiaries, divisions, partners, sponsors, licensees, joint ventures, affiliated business entities, predecessors, successors, heirs, and assigns, jointly and severally, from any and all claims, liabilities, damages, losses, expenses, suits, discrimination or other charges, demands, debts, liens, damages, costs, attorneys' fees, prejudgment or other interest, grievances, injuries, actions or rights of action of any nature whatsoever now or in the future arising in any way out of or in connection with the Contest.

I understand that, to be eligible to compete in this Contest and receive prizes and/or prize money, I must respect social norms for acceptable behavior during and surrounding my participation in the event, and I must obey the laws, rules and regulations of the cities, states and countries in which Major League Eating operates. I also understand that I may not defame or damage through my actions the brands, sponsors and/or organizers of the contest. If I fail to adhere to this code of conduct and/or fail to participate in an ethical manner, then I cede all rights to compete in the contest, to collect prizes and/or to compete in future MLE events at the discretion of MLE.

I fully acknowledge and understand that I do not have any right to participate in this Contest and related activities and I am being permitted to participate at the discretion of organizers and in consideration of my execution of this document. If it were not for my agreement to execute this document, I acknowledge that I would not be permitted to participate. I further acknowledge and agree that I understand all of the terms and conditions of this document and that I have been afforded an opportunity to have this document reviewed by counsel of my own choosing. I also understand that I will be given a signed copy of this document if I so request.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Eating Experience: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_