

ARE YOU A FAST EATER?
WANT TO PUT IT TO THE TEST?



HERE'S YOUR CHANCE!

WHEN:

SATURDAY, JUNE 3RD @ 1:00PM

WHERE:

DOWNTOWN ROLLA @ ROUTE 66 SUMMERFEST

PRIZE:



1st Place Wins:

**FOUR ST. LOUIS CARDINALS
INFIELD BOX SEATS**

(all contest participants will receive a free t-shirt)

REGISTER AT TOWN & COUNTRY BANK:

Must be 18 years of age to enter and only the first 20 entries will be accepted. Register at one of our two Rolla Town & Country Bank locations today!

MEMBER FDIC

2nd Annual Town & Country Bank Summerfest Hot Dog Eating Competition

I acknowledge that participating in a hot dog eating contest carries with it the potential for serious injury and/or death. The risks include, but are not limited to, those caused by facilities, food, equipment, actions of other people including, but not limited to participants, volunteers, spectators, event officials, event monitors, and/or producers of the event.

I hereby assume all of risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that a qualified medical person has not advised me against participation in this event. I acknowledge that this accident waiver and release of liability form will be used by the event holder, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I waive, release, and discharge Town & Country Bank, its officers, employees, agents, directors, representatives, and volunteers from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me from this event, I further agree to indemnify and hold harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of any actions during this event.

myself, my executors, administrators, heirs, next of kin, successors, and assigns

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event.

I understand that at this event or related activities that I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to maximum extent possible under applicable law and shall be binding upon myself my executors, administrators, personal representatives, heirs, next of kin, successors, and assigns.

I hereby certify that I have read this document and I understand its contents.

Signature of Entrant: _____ Date: _____

Print Name Here: _____