



"Back from the Ashes"

Kid's "Q" Chef's Choice

Open to Ages 8-15

Entry Fee: FREE

Entrant's Name:
Mailing Address:
City:
State:
Zip Code:
Email Address:
Phone:

Important Details:

- Must fit in the box provided (9x9).
- Open garnish
- Cooks must provide all equipment & ingredients.
- A 10x10 canopy is suggested.
- All prep and cooking must be done on-site.
- WATER/CLEANING STATIONS WILL BE AVAILABLE.
- BRING YOUR OWN GENERATORS!

RULES:

- The child must do all prep cooking and presentation.
- Parents may assist with fires and cutting.
- Families with more than one child competing may share a grill.
- Parents can assist with cutting and fires.
- If a parent competes in Iron Man, the child may cook at the parent's site.
- A parent or a contest volunteer must be present during the cooking.
- Children may start arriving at 9 am, on Saturday, April 5th
- Turn-in time will be at 3 pm.

RELEASE OF LIABILITY:

IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY, I, THE UNDERSIGNED, INTEND TO BE LEGALLY BOUND, HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS WAVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES. I MAY HAVE AGAINST THE REKINDLED IRONMAN BBQ ORGANIZERS, THE COMMUNITY FIRE COMPANY OF SEVEN VALLEYS, KCBS, THEIR REPRESENTATIVES, SUCCESSORS, AND/OR ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME IN THIS EVENT. FURTHER, I HEREBY GRANT FULL PERMISSION TO THE REKINDLES IRONMAN BBQ, AND THE COMMUNITY FIRE COMPANY OF SEVEN VALLEYS TO USE ANY PHOTOGRAPHS, VIDEOS, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LIABILITY PURPOSES.

Please see our website for more details: www.rekindledironmanbbq.com

Signature of parent/guardian:_____

Date:_____

PLEASE RETURN THIS FORM TO:

Todd Howdyshe-Relindled Ironman BBQ Organizer

1391 Seven Valleys Rd

York, Pa 17408

717-858-0527

Thowdyshe916@gmail.com

MAKES CHECKS PAYABLE TO: The Community Fire Company of Seven Valleys