56th NICHOLAS COUNTY POTATO FESTIVAL
September 11-12, 2026
MASHED POTATO EATING CONTEST

NAME:_____

PARENT/GUARDIAN NAME:_____

ADDRESS:_____

CITY/STATE/ZIP:_____

PHONE NUMBER:_____

I acknowledge that participating in the **2026 Nicholas County Potato Festival Mashed Potato Eating Contest** carries 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, and event monitors, and/or producers of the event.

I hereby assume all the 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, sponsor, and organizers in events where I may participate and will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, and successors, and assign as follows:

A) Waiver, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which my hereafter accrue me from this event, **Nicholas County Potato Festival**, its officers and members, the following entities or persons: Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials.

B) Indemnify and hold harmless the entities or persons mentioned in the paragraph from all liabilities or claims made by other individuals or entities due to any actions during this event.

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 I may be photographed at this event or related activities. 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 the maximum extent possible under applicable law.

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

SIGNATURE OF ENTRANT (OR PARENT/GUARDIAN):_____

PRINTED NAME:_____ **DATE:**_____


NICHOLAS COUNTY
POTATO
FESTIVAL