



Saltwater BBQ Bash

2019 JUDGE'S APPLICATION FORM

June 29 2019 8am-5pm

(All judges must be available from 10:00 am to 3:00 pm Saturday, June 29, 2019)

Location: Johns Island County Park 2662 Mullet Hall Road, Johns Island, SC 29455

NAME: _____ KCBS CBJ # _____
ADDRESS: _____
CITY _____ STATE _____ & ZIP: _____
PHONE: _____
EMAIL: _____

(All communications about the contest will be emailed to this address) info@saltwaterremediessc.org

CHECK ALL THAT APPLY:

___ KCBS Certified Judge ___ Certified Master Judge ___ KCBS Certified Table Captain ___ 100 Plus Contests

Number of KCBS Events Previously Judged to Date of Application Submitted: _____

T-Shirt Size _____

PAYMENT INFORMATION:

CONDITIONS AND WAIVER OF LIABILITY: Saltwater Remedies Inc. reserves all rights to reject any application. I agree to indemnify, defend and forever save and hold harmless the City of Summerville, KCBS and its affiliates and related entities, and their respective principles, shareholders, members, partners, officers, directors, employees, representatives, tenants, agents, assigns, contractors and volunteers from and against any and all damages, claims, losses, demands, costs, expenses (including attorneys' fees and costs), obligations, liens, liabilities, actions and causes of action, threatened or actual, which any one of the aforementioned parties may suffer or incur arising directly or indirectly out of or in connection with the provision of the products and services or the failure of anyone to provide the products and services in accordance with the terms of this agreement, except to the extent arising from the direct negligence or willful misconduct of any of the above. The foregoing indemnification shall survive any termination or the expiration of the term of this agreement. As well I hereby grant full permission to the event organizers and/or agents authorized by them to use any photographs, video tapes, recordings or any other record of the event for any legitimate purpose without any compensation or other form of consideration. I agree to abide by the rules and regulations of the event as posted, announced, or otherwise presented. **I certify that I have read this assumption of risk and liability waiver form, understand its significance, and signed it freely and voluntarily.**

Signature _____ Date _____

Print Name _____ Date _____

Please return application to: Saltwater Remedies Inc. at 1000 Poplar Grove Place Summerville SC 29483 (Or email completed application to info@saltwaterremediessc.org) * *This is merely an application. Entries are not guaranteed until confirmation has been made by Saltwater Remedies officials. **Notifications will be sent VIA email.***