



## Saltwater BBQ Bash

Set up June 28th, 2019 - Event June 29<sup>th</sup> 2019 8am-5pm

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

Team Entry Form:

Team Name \_\_\_\_\_

Head Chef's Name(s) \_\_\_\_\_

Asst Cook's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

T-Shirt Sizes \_\_\_\_\_ Limited 3 per team

### PAYMENT INFORMATION:

**Check is enclosed. Make checks payable to: Saltwater Remedies Inc. (include Saltwater BBQ Bash in memo on check)** 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. All teams must have a city/county business license.**

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](mailto: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. Team fees are \$250.00, a 25% deposit is required at the time of confirmation. All funds need paid in full by April 30<sup>th</sup>. If you pay online there is a 4% fee for each transaction. If you are paying online in full, your cost is \$260.00, if you pay the 25% deposit, your cost is \$65.00, and then the remaining balance payment would be \$195.00. RV parking for the first 35 teams to apply with power and water on site for an additiona charge of \$28.00, without power and water \$10.00, payable to Saltwater Remedies Inc. If you pay online, the cost is \$ 29.12 or 10.40.**