



"QUE by the SEA"
 Seaside Heights Third Annual
 BBQ Championship Competition
 Saturday & Sunday, September 24-25, 2011
COMPETITOR APPLICATION



PLEASE PRINT

Team Name: _____

Chief Cook: _____ KCBS Member? (Y/N) KCBS # _____

Number of Assistant Cooks: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Sponsors: _____

ENTRY FEES: (please check one)

Allow you to compete in all listed categories- Chicken, Pork Ribs, Pork, & Beef Brisket.

Requested Space Size: 20x20 space- \$250.00 _____ 20x30 space- \$300.00 _____

Will you require an electrical connection? (Y/N) (If yes, power needed: 20Amp _____)

BBQ Competitor Application payable to S.H.B.I.D.

Mail check to:

P.O. Box 43, Seaside Heights, NJ 08751

APPLICATION DEADLINE: SEPTEMBER 15, 2011. Contest limited to 50 Teams

Amount Enclosed \$ _____ Check # _____ Money Order _____

Liability Waiver

The Seaside Heights Business Improvement District (Herein known as event organizer and host), KCBS, including its members, officers, sponsors, and/or associates and the contestants, including parents, and/or legal representatives, agree that the event organizer, event host and KCBS will in no case be responsible for any loss, damage or employees regardless of how much loss, damage, or injury is occasioned, and agree to indemnify and hold harmless the event organizer, event host, and KCBS from any and all claims, suits or judgments including the cost of defense of any claim arising from such action against the event organizer, event host, and KCBS. Furthermore, I hereby grant full permission to the event organizer, event host and KCBS and/or their agents to use any photographs, videotape, or any other record of this event for legitimate purposes.

I have read and understand and agree to abide by all KCBS rules governing the QUE by the SEA BBQ Contest presented by the event organizer and KCBS.

Signature _____ Date _____



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Hold Harmless Agreement 2011

The Competitor agrees to indemnify and hold harmless the Seaside Heights Business Improvement District and the Borough of Seaside Heights from and against all claims of whatever nature arising from, or claimed to have arisen from, any action, omission or negligence of the Competitor, or arising from any accident, injury or damage whatsoever caused to any person or property arising out of the Competitor's operation at the following listed event.

Hold Harmless Agreement must be in the possession of the Seaside Heights Business Improvement District on or before September 15, 2011.

This form becomes a part of the Application to which it is/will be attached.

_____ **Print** Organization/Vendor Business Name

_____ Event(s)	_____ Event Date(s)
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_____ Print Officer/Vendor Name	_____ Officer/Vendor Signature
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_____ Print Witness Name	_____ Witness Signature
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Date of Agreement: _____

Please Mail Payment,
Application and Hold Harmless Agreement to:

Seaside Heights Business Improvement District: P.O. Box 43, Seaside Heights, NJ 08751
 Phone 732-854-8000 Fax 732-854-8002 Email SSHBID@optimum.net