



KCBS Kids Que Application

Date: _____

Cooks Name: _____

Team Name: _____

Parent/Guardian Contact Information

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Email: _____

Parent/Guardian Signature _____

Age Division

10 & Under _____

11 & Up _____

Waiver of Liability

ORGANIZATION NAME and KCBS, including its officers, sponsors and/or associates and the contestants, including parents, and/or legal representatives, agree that the **ORGANIZATION NAME** and KCBS, will in no case be responsible for any loss, damage, or injury regardless of how much loss, damage, or injury is occasioned, and indemnify and save harmless The **ORGANIZATION NAME** and KCBS from any and all claims, suits, and/or judgments including the cost for defense of and such claim and/or suit by the **ORGANIZATION NAME** and KCBS brought by anyone as a result of any loss, damage, or injury to any person or property, occasioned by any action or inaction of contestant, either solely or in conjunction with the **ORGANIZATION NAME** and KCBS. Further, I hereby grant full permission to the **ORGANIZATION NAME** and KCBS and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of the event for any legitimate purpose. I have read and agree to abide by the rules governing the BBQ cook-off.