

**NORTH CAROLINA OYSTER FESTIVAL SHUCKING ENTRY FORM**

CONTESTANT'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE SIGN AS INDICATED:**

I HAVE RECEIVED AND READ IN FULL THE RULES AND PROCEDURES ASSOCIATED WITH THIS CONTEST, AND AFFIRM THAT I UNDERSTAND THEM AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_

CONTESTANT    DATE

**CONTESTANT MUST ALSO SIGN THE FOLLOWING WAIVER:**

In consideration of the opportunity afforded me to participate in the North Carolina Oyster Shucking Championship, operated under the auspices of the Brunswick County Chamber of Commerce, I hereby knowingly and freely and voluntarily waive any right or cause of action, of any kind whatsoever, arising as a result of such activity, from which any liability may or could accrue.

\_\_\_\_\_

CONTESTANT    DATE

IN THE PRESENCE OF \_\_\_\_\_

WITNESS

Paid \_\_\_\_\_