

Date	_			
Name				
	LAST	FIRST		MI
Mailing Address				
······································		OX NUMBER OR STREET NAME AND NUMBER		
CIT	Y OR TOWN	STATE		ZIP
Home Phone ()_		Alternate Phone (	)	
Birth-date//	_			
Month Day Yea	ar			
Years in Competition	Me	ember email (if available)		
	Par	rent email (if available)		
f cooking activities". "Intrinsic danger o, (i) The use of live fire as a heat sour or the purposes of preparing proteins for irebox doors, etc.) This waiver shall remain valid unless exprovider and shall become effective this the undersigned(s) agrees to maintain a I, the undersigned participant, have a toe shoes, cook proteins to appropriate the parent/Guardian Name	dersigned(s) execute(s) this waiver of rs of cooking activities" is defined as ree for the purpose of cooking such as for cooking. (iii) The handling of hot expressly revoked by the participant or rty (30) days after delivery to the provall medical and health insurance need read and understand the KCBS Rules, ate food safety recommendations, have	f the undersigned(s) rights to sue and agree those dangers or conditions that are an instanceal, wood or pellet type appliances items such as cooked proteins, sauces and a Parent or guardian of a minor. The revolvider.  Ided to cover all risks of any kind in anyplates, will wear and use, in accordance with every approved adult supervision in my site and the supervision	ntegral part of cookings; (ii) The use of knived cooking appliance a scation shall be in writace in competition, are stablished food safety and keep the cook are	g activities, including but not limited es, cleavers or other sharp devices us apparatus (grill grates, smoker lids ting which shall be delivered to the ad/or other activities.  y guidelines gloves, aprons and closed a clean at all times.
	raphs or video or audio footage or testimoni eque Society to use such reproductions public	ials of KCBS cook team members for local, regionicity purposes.	onal, or publicity purpose	2s. By my signature below I give
I understand that some of the above				
Signature of Parent/Guard	lian*		Date:	
* ** *	nd telephone number of second parent, if not resid	*	Б.:	
Signature of Youth Participant			Date:	
Check box if you decli	ne permission for photos to be	e taken.		
Contest Participation:				
Contest Participation:	☐ KCBS Backyard			

info@kcbs.us www.kcbs.us