

Wine Crush, Music & Comedy Fest  
Grape Crushing Competition  
2009 Registration Form



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

Individual Names A.) \_\_\_\_\_

B.) \_\_\_\_\_

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

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

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_

Birthdates (must be 21 years of age to participate) A.) \_\_\_\_\_ B.) \_\_\_\_\_

**Payment: \$50 per team- money collected will benefit a local charity**

- I have submitted a check (make payable to Special Events Management).  
Please label envelopes: Grape Stomping Competition- Crush, Music & Comedy Fest  
Please mail checks to: 2221 W. 43<sup>rd</sup> Street  
Chicago, IL 60609

- I have included a credit card number (\$2 processing fee will apply)  
# \_\_\_\_\_ exp. date \_\_\_\_\_

**Waiver:**

I understand that the grapes will be in a vat and that the competition requires me to remove my shoes, enter the vat barefoot and crush the grapes with bare feet. The grapes will be removed from the vines, but I understand there is still a risk of injury. I assume the risks associated with participating in this event, including, but not limited to: falls, contact with other participants, the effects of the weather, including high/low temperatures and or wind chill. I agree to abide by any decision made by the official during the competition. I understand that the winner of the heat is defined as the team to fill the wine glass half way with juice first. I understand the over all event winner is the team to fill the wine glass half way in the fastest time.

Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damage against the Old Town Merchants and Residents Association, Chicago Running and Special Events Management and all sponsors and individuals associated with the event, their representatives and successors, and assigns for any and all injuries suffered by me in connection with this event, including pre and post event activities. I hereby grant permission to the Old Town Merchants and Residents Association and Special Events Management and its agents to use my name in photographs, videotapes, motion pictures, recordings or any other record of my participation in this event for any purpose.

**Signatures**

A.) \_\_\_\_\_ Date \_\_\_\_\_

B.) \_\_\_\_\_ Date \_\_\_\_\_