



Heart of Chicago Festival

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- Heart of Chicago Festival
Please mail checks to: 2221 W. 43rd 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 Heart of Chicago 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 Heart of Chicago Association and Chicago 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 _____