



Volunteer Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Age _____ List some of your skills _____

What would you like to volunteer for? _____

All Details Subject to Change, please Check Web Site for Current Detailed info.

Release:

WAIVER OF LIABILITY: In Consideration of your accepting this entry, I the undersigned recognize that Springerville-Eagar Regional Chamber of Commerce, the cities of Springerville and Eagar, AZBarbeque, The Barbeque Championship Series, Better World BBQ, LLC, and any of their co-sponsors including other entries, their employees or agents assume no responsibility for myself or members of my group. I will assume all risks that arise from my participation.

I also hereby waive any claims against Springerville-Eagar Regional Chamber of Commerce, the cities of Springerville and Eagar, AZBarbeque, Better World BBQ, LLC, its co-sponsors, their departments, officers, employees or agents for any injuries or loss that arise from our participation. Further, I grant full permission to AZBarbeque, the Barbeque Championship Series organizers, promoters and sponsors or any agent authorized by them, to use any photographs, videos, recordings or any other record of this event for any legitimate purpose.
