



Marshmallow Eating Contest

Adults Only

July 4th

Veterans Park

8601 W. Van Buren

Registration Form

First Name: _____ Last Name: _____

Phone: _____

Email: _____

Date of Birth: _____ Age: _____

Registration is limited to the first 10 applications received. Pre-registration recommended.

Return to Tolleson Recreation by June 23 or email to respinoza@tollesonaz.org

City of Tolleson

ATTN: Ruth Espinoza

9555 W. Van Buren

Tolleson, AZ 85353

Prizes:

1st Place—\$100.00

2nd Place—\$75.00

3rd Place—\$50.00



For more information contact the City of Tolleson Parks & Recreation at 623-474-4992

Marshmallow Eating Contest Rules

- **Must be 18 years or older.**
- **Each contestant will consume a bag of marshmallows.**
- **The contestant finished eating the bag of marshmallows in the shortest amount of time determines the winner.**
- **Any visible signs of sickness (including vomiting, spitting, etc.) will disqualify a contestant.**
- **All Contestants must sign this waiver prior to competing.**

In consideration of acceptance into the above referenced City program, I do hereby, for myself, my children, my heirs, executors and assigns, release the City of Tolleson and the officials, officers, agents and employees of the City from liability for any harm, injury, or damage which I or my immediate family may suffer while participating in the above described program. This includes all risks that are connected with this activity whether foreseen or unforeseen. I agree to hold the City of Tolleson and its agents, officials and employees harmless from any damage to persons or property, resulting from my negligence and/or intentional acts. I assume the responsibility of mental and physical fitness to participate in said program, and agree to abide by all rules and requirements of the program. I am of lawful age and legally competent to sign this Agreement for and on my behalf. I understand the terms and have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY BE ENTITLED.

Signed By: _____ **Date:** _____

Witnessed by City Staff: _____ **Date:** _____