



**Saturday, February 4, 2012
1-3PM @ The Hoskins Center
66th Street & Ranger Street
Savannah, GA 31404**

REGISTRATION

SCHEDULE:

11:30-12:30 Bakers Check In & Set Up
1:00-2:30 Judging
1:00-2:30 Open to Tasters: Pick up your pastry box
2:30 Battle Awards, Fundraising and Sponsor Recognition
3:00 Event Ends

What is your T-Shirt Size? (because we know you will raise at LEAST \$65!!!)

Please select one:

Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL

*** Indicates required field**

***Please select one:**

- Professional Experience
- Home-Only Experience

*First Name: _____
*Last Name: _____
*Address: _____
*City, State: _____
*Zip Code: _____
*Email address: _____
*Home Phone: _____
*Mobile Phone: _____

School/College Name (if applicable): _____

If student is under 18

Parent/Guardian First Name: _____
Parent/Guardian Last Name: _____
Mobile Phone: _____
Work Phone: _____
Parent Email Address: _____

Category of Entry

(One item per form, please. Please describe the specific name if applicable i.e. mocha swirl cheesecake, lemon meringue pie or caramel nut brownie)

Cookie _____ Muffin _____
Pie/Cobbler/Tart _____ Cake _____
Pastry _____ Candy _____
Featured Battle Item: _____ Brownie _____

Comments or questions?



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Acknowledgement, Consent, Release and Waivers:

Ronald McDonald House Charities® (RMHC) of the Coastal Empire (“RMHC”) and _____, as Participant (“Participant”), hereby agree and consent to the following terms and conditions which shall govern the event known as The Battle of the Bakers (“The Event”) to be held at the Hoskins Center, Memorial Health University Medical Center, Savannah, Georgia on February 4, 2012.

A. For the Bakers:

In consideration for RMHC accepting my application to participate in The Event as a baker, I hereby legally bind myself, my family, my heirs, executors, and administrators to the following, to-wit: (1) I acknowledge the risks involved in my participation in The Event and consent to my personal responsibility for those risks inherent in the preparation and service of food to the public, (2) I release, waive, and discharge any and all rights, claims for damage or injuries suffered during The Event, including all causes of action (including known or unknown claims) that I may have against RMHC, its affiliated entities, volunteers, committee persons, judges, sponsors, officials, directors, employees, agents, and representatives, successors, and assigns, including the Hoskins Center and Memorial Health University Medical. I also understand that the competition is based on subjective standards of the judges and tasters in their sole and absolute discretion, and that those decisions shall be final, binding, and not subject to challenge.

B. For the Tasters:

In consideration for RMHC allowing my participation in The Event as a taster, I hereby legally bind myself, my family, my heirs, executors, and administrators to the following, to-wit: (1) I acknowledge the risks involved in my participation in The Event and consent to my personal responsibility for those risks inherent in the consumption of food prepared by third parties, (2) I release, waive, and discharge any and all rights, claims for damage or injuries suffered during The Event, including all causes of action (including known or unknown claims) that I may have against RMHC, its affiliated entities, volunteers, committee persons, judges, sponsors, officials, directors, employees, agents, and representatives, successors, and assigns, including the Hoskins Center and Memorial Health University Medical. I also understand that RMHC is not responsible for my consumption of food prepared by third parties which may result in an illness caused by such food.

C. Regarding the Provision of Alcohol:

In consideration for RMHC allowing my participation in The Event, I understand that a third party will donate alcohol for consumption at The Event by persons of lawful drinking age. I acknowledge that under Georgia law, the general rule is that the provision of alcohol does not subject the provider to liability unless alcohol is provided to a minor or alcohol is provided to a noticeably intoxicated person. I understand that RMHC has established and will implement reasonable and prudent measures to ensure alcohol is not provided to minors, or noticeably intoxicated person. I agree that my own consumption of any alcoholic beverage would be the proximate cause of any injury I may sustain, and I claim full and complete personal responsibility for the risks inherent in alcohol consumption. I hereby release, waive, and discharge any and all rights, claims for damage or injuries suffered during The Event, including all causes of action (including known or unknown claims) that I may have against RMHC, its affiliated entities, volunteers, committee persons, judges, sponsors, officials, directors, employees, agents, and representatives, successors, and assigns, including the Hoskins Center and Memorial Health University Medical, related to my consumption of alcohol at The Event.

I hereby affirm that I have read all foregoing provisions, understand and agree to the contents of this release and waiver, and agree to abide by the rules and regulations as written. RMHC reserves the right to refuse any entry as a Baker or Taster, and maintains the right to remove any person not abiding by the terms and provisions of this agreement.

Signature Date

Parent Signature--required if under age 18 Date