

2017 Jeffersonville Maple Syrup PANCAKE EATING CONTEST

Name: _____ Phone: _____
Email _____ Address: _____

Competition Rules:

- Must be 18 years of age or older
- The winner receives a big bottle of Local Maple Syrup, and a year's worth of bragging rights.
- Contest time – 1:30pm on April 29, 2017. Please check in at entrance table by 1:00pm in front of the concession stand.
- Contestants must not touch PANCAKES until the start signal
- Must consume entire pancake to be counted
- Contestants will have 5 minutes to down all the pancakes they can handle
- When the timer stops, the contestants may not put any additional pancakes in their mouths.

Any

contents remaining in contestant's mouth at end of the 5 minutes will not be counted.

- Visible signs of sickness will result in disqualification and immediate end of that contestant's try.
- Ties will be determined by a 1 minute "eat off" immediately following the contest.
- All contestants must read and sign the waiver below before participating.

WAIVER

I know that eating large amounts of pancakes is potentially hazardous and is an uncomfortable activity. I should not enter and eat unless I am medically capable and properly trained. I realize that this is in good fun and I agree to be a good sport. I agree to abide by any decision of the contest officials and all of the contest rules. I assume all risks associated with eating in this type of event including but not limited to: indigestion, that stuffed feeling, contact with other contestants, and a general dislike for pancakes after I am done, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Jeffersonville's Maple Syrup Festival, the Jeffersonville Area Chamber of Commerce, all event coordinators and their representatives and their successors from all claims of liabilities of any kind arising out of my participation in this event.

Contestant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return your signed form via mail/email or at the time of check-in for the event. Mail to: JACC, PO Box 463, Jeffersonville, NY 12748

Or Email: info@jeffersonvilleNY.com

Questions: 845-482-5688 *you may also register by 12 the day of Maple Syrup Festival. See event table near the concession stand in the Backyard Park.