



1st Annual Salsa at the Lake Festival – Sunday, June 15th 2014
Event Hours: 12pm-5 p.m. Set Up: 11am Take down: After 6pm
Lake Yosemite Rotary Cove
5714 Lake Rd, Merced, CA

CONTESTANT REGISTRATION/WAIVER AND RELEASE OF LIABILITY

Individual Registration Fee: \$15
ARE YOU A RESTAURANT? [] Yes [] No

Salsa Maker: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ CELL Phone: () _____ EMAIL _____

Emergency Contact Name and Number: _____

To the extent allowed by law, I hereby absolve the Merced County Hispanic Chamber of Commerce, its employees, sponsors, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member of my family attends or registers into; and, in the event that the above named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the Merced County Hispanic Chamber of Commerce, its employees, sponsors, agents, independent contractors, and officers from such liability. I am aware that if I am participating in a special event that I am liable for all issues arising to and pertaining to my participation and hereby resolve the Merced County Hispanic Chamber of Commerce of special event liability. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

“I understand that this is a request form only until both the form and the required registration fee is accepted by The Merced County Hispanic Chamber of Commerce Special Event staff person. Once the applicable fee and this form is accepted by a Merced County Hispanic Chamber of Commerce Special Event staff person, it will be considered a binding agreement.” --- The registration form/waiver of liability doesn't need to be signed by the Merced County Hispanic Chamber of Commerce.

By signing below I agree to abide by the rules and conditions set forth by the Merced County Hispanic Chamber of Commerce.

INDIVIDUAL/RESTAURANT SIGNATURE: _____ **DATE** _____

For more information contact:
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