Orland Township Soup Cook Off – "Souper Bowl Challenge" February 10, 2024

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

| Participating Cook Name: | |
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| Cook/Organization/Restaurant/Business Name: | |
| Organization/Exhibitor/Vendor Business Address: | |
| | |
| In consideration for participating in Orland Township Soup Cook Off ("Souper Township, I hereby release, waive, discharge, and covenant not to sue, and agree Township, its officials, officers, agents and employees from any and all liabilities, of be sustained by me while participating in such activity, or while on the premise Township, including travel to and from the "Souper Bowl Challenge" activities, incomo f Orland Township, its officials, officers, agents and employees. | e to hold harmless for any and all purposes, Orland claims, demands, or injury, including death, that may ses that is owned, leased, or controlled by Orland |
| Cook/Organization/Restaurant/Business agrees that Cook/Organization/Restaurant/Business agrees that Cook/Organization/Restaurant/Business's property is at the "Souper Bowl Chagrees that within the confines of the space(s) contracted for by the Cook/Organization its officials, officers, agents and employees shall be held liable or responsiblingury to the Cook/Organization/Restaurant/Business or Cook/Organization/Restaurant/Business is responsible for obtaining appropriate | om the "Souper Bowl Challenge", or while nallenge". Cook/Organization/Restaurant/Business ation/Restaurant/Business, neither Orland Township e for property loss, property damage, or any bodily staurant/Business's employees, guests, or visitors. |
| Cook/Organization/Restaurant/Business agrees that it is solely responsible for "Souper Bowl Challenge" and that Cook/Organization/Restaurant/Business is re and local ordinances applicable to Cook/Organization/Restaurant/Business and/o In the event of an emergency, I authorize Orland Township and/or its officials, Orland Township employee and/or hospital, physician and/or medical personnel care and agree that I will be responsible for the payment of any and all medical ser assumes no responsibility for any injury or damage which might arise out of or in other treatment. Further, Orland Township shall not be responsible or liable for any contraction. | sponsible for compliance with all laws, regulations, or its person(s) while at the "Souper Bowl Challenge". officers, agents and employees to secure from any any treatment deemed necessary for my immediate rvices. I understand and agree that Orland Township connection with such authorized emergency medical |
| Cook/Organization/Restaurant/Business shall be liable for any property dama. Cook/Organization/Restaurant/Business or Cook/Organization/Restaurant/Business shall defend, indemnify and hold harmle employees from and against all claims, actions, suits, demands, proceedings cost with, or resulting from any acts or omission or Cook/Organization/Restaurant/Business participating in the "Souper Bowl Ch hereby gives Orland Township, its officials, officers, agents and employee's perrorland Township programs, activities and/or events. | ness's employees, representatives, or attendees. ess Orland Township, its officials, officers, agents and es, damages, and liabilities, arising out of, connected ant/Business or any employee, representative, of allenge". Cook/Organization/Restaurant/Business |
| I further agree that this Agreement shall be construed in accordance with the law this Agreement shall be held illegal, unenforceable or in conflict with any law gov portions shall not be affected thereby. | |
| By my signature below I agree that I have read and voluntarily signed the release a further agree that no oral representation, statements, or inducements, apart from writing have been made. | |
| Authorized Exhibitor/Vendor Business Owner Signature | Date |