

Scoops Ice Cream Eating Competition

Contestant Registration Form for June 14th, 2025 at 4pm

Name: _____ Age: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____

Contestant Rules:

1. All entries must be received and paid for by June 7th, 2025.
2. Must eat all the contents of the container. Except the taster spoon cleaned completely!
3. Must not break the spoon.
4. No dropping ice cream allowed.
5. Fastest time wins.
6. Have fun and good luck.
7. Each bracket will consume 1 pint of Vanilla Ice Cream

Entry fees:(cash only)

All ages are \$10 per person

Prizes

1. 0-10 years winner, 1 pint per month for a year.
2. 11-16 years winner, 1 scround per month for a year.
3. 17+ winners, Timber Rattlers tickets & 1 scround filled.

I, _____ agree that I have entered this contest
by my own will. **I agree to sign a liability waiver. (SEE REVERSED SIDE)**

Please submit in person for payment.

Office use only

PAID: YES ___ NO ___ Date: _____ Processed by: _____

Liability Release

Contestant Agreement

This agreement releases Terra Verde LLC DBA Scoops Ice Cream House from all liability relating to injuries that may occur at the ice cream eating competition at Scoops Ice Cream House. By signing this agreement, I agree to hold Terra Verde LLC DBA Scoops Ice Cream House entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in rapidly consuming ice cream. These include but are not limited to belly aches, choking, nausea, brain freeze sensation, vomiting or any hazard brought upon the rapid consumption of any foods. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against Terra Verde LLC DBA Scoops Ice Cream House for any reason. In return, I will receive nothing. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

Acknowledgement

I, _____, fully understand and agree to the above terms.
Under the age of 18, must have the signature of a parent or legal guardian.

(PARTICIPANT SIGNATURE)

DATE

(PARENT OR LEGAL GUARDIAN)

DATE