



# Grape Stomp Application

Sign Up a Four-Member Team for a Fun, Fabulous Time at The Hollister Grape & Fall Festival Grape Stomp!

## Entry Fee

Only \$25 Per Team!

## Location

Historic Downing Street, Hollister.  
Official Grape Stomp Stage.

## Time

3:00 P.M. Saturday, October 14, 2017

## Teams

Think up a theme for your team! Costumes are encouraged but not required. Bring a CD/flash drive with your stomping song of choice and show us your grape stomping moves.

## Divisions (Check Box That Applies)

Youth: Age 18 and Under     Adult: Age 19+

## Judging

Teams are judged on originality, creativity, outrageous style and comedy.

## Awards

Yes! Right after the Grape Stomp! All your team has to do is stomp with style for 90 seconds (longer than you think!). Awards are presented to 1st, 2nd and 3rd place teams. 1st place receives the official "Ugly Monkey" Grape Stomp Trophy—a lovely addition to any decor!

## Mail Completed Forms To:

Hollister Area Chamber Of Commerce  
Post Office Box 674  
Hollister, Missouri 65673.0674

Business Name (If Applicable) \_\_\_\_\_

Team Name (Please Print) \_\_\_\_\_

Email \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## Team Member Names      Winner T-Shirt Size

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

Pay By:  Cash/Check     Credit Card

## Credit Card Authorization

Name on Card: \_\_\_\_\_

Business Name: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ CV2 Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the Hollister Area Chamber of Commerce to charge my credit card for participation in the Grape and Fall Festival.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please remember your registration cannot be accepted until we have received your completed Grape Stomp Application, Accident Waiver & Release Of Liability Forms *and* your payment in full.**

By submitting this application to the Hollister Area Chamber of Commerce, the undersigned acknowledges receiving, reading and fully understanding all of the included guidelines and regulations of the Grape and Fall Festival. I understand that submission of this application with the required fees and documentation does not guarantee my admission to the festival as a Grape Stomp Competitor. The Hollister Area Chamber of Commerce is not responsible for accidents or theft. If you have any questions, please call the Chamber at 417.334.3050.

Signature \_\_\_\_\_

Date \_\_\_\_\_





**HOLLISTER**  
Area Chamber of Commerce

Post Office Box 674  
Hollister, Missouri 65673.0674



## Grape Stomp Accident Waiver & Release Of Liability Form

I recognize and acknowledge that there are certain risks of physical injury to participants in The Grape Stomp, and I voluntarily and knowingly agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation.

I further agree to waive and relinquish all claims I may have (or which may accrue to me) as a result of participating in these activities against The Grape Stomp, Hollister Area ChamberOfCommerce, sponsors, race directors, employees, event owners, volunteers, all states, cities, counties or localities in which events or segments of events are held and the officers, directors, employees, representatives, volunteers and agents (hereinafter collectively referred to as "Administrators"). Participants registering for the activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I agree that I am solely responsible for determining if I am physically fit and/or skilled for the activities contemplated by this Assumption and Release.

It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I, for myself and my heirs, do hereby fully release and forever discharge the Administrators from any and all claims for injuries, including death or incapacity, illness, damages, expenses or loss that I may suffer arising out of, connected with, or in any way associated with the race, program or activities including injuries caused or associated with transportation to and from the event.

This event is rain or shine; however, The Grape Stomp does reserve the right to postpone or reschedule this event if deemed necessary by its staff. There are no refunds of any kind for this event. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.**

\_\_\_\_\_  
Printed Name Of Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete the information below if you are a parent or guardian of a participant under the age of 18.**

I, the parent or guardian of the above named participant, have read though this waiver and all its terms, and I hereby give my approval to this child's participation in The Grape Stomp.

I assume all risks and hazards incidental to my child's participation in The Grape Stomp, and I hereby waive, release, absolve, indemnify and agree to hold harmless the Administrators, as defined above, for any injury to my child and from any and all claims, causes of actions, obligations, lawsuits, charges, complaints, controversies, covenants, agreements, promises, damages, costs, expenses, responsibilities, of whatsoever kind, nature or description, whether, direct or indirect, in law or in equity, in contract or in tort, or otherwise, whether known or unknown, from all claims or liabilities of any kind arising out of or connected with my child's participation in The Grape Stomp.

I consent to the foregoing and grant permission for him/her to participate in The Grape Stomp. I acknowledge I have carefully read, accepted and agreed to the terms on this Assumption and Release and Liability waiver, and know and understand their contents and sign the same on my own free act and deed.

\_\_\_\_\_  
Printed Name Of Parent Or Guardian

\_\_\_\_\_  
Signature Of Parent Or Guardian

\_\_\_\_\_  
Relationship To Minor

\_\_\_\_\_  
Date