



**Luxembourg Fest
Treipen Eating Contest
Saturday August 8, 2026**

Hold Harmless/Indemnity Agreement

Contestant's Name: _____

Contestant's Address: _____

City/State/Zip/Country: _____

Date of Birth _____

Medical Information:

Do you have any allergies to food or liquids? ____ Yes ____ No

If yes, please list: _____

Have you ever had chest pains? ____ Yes ____ No

Have you ever had breathing problems or shortness of breath? ____ Yes ____ No

Do you have any medical conditions that could affect your participation in this contest? ____ Yes ____ No

Name of Emergency Contact: _____

Address: _____ City/State/Postal Code: _____

Emergency Contact Number: _____ Relationship: _____

The above-named CONTESTANT as a condition of participation agrees to defend, protect, indemnify and hold harmless LUXEMBOURG FEST and the LUXEMBOURG AMERICAN CULTURAL SOCIETY, INC., its officers, employees, volunteers and/or agents against and from all claims arising from the above-named CONTESTANT or any of its agents, family members, friends, or associates which arise out of the above identified TREIPEN EATING CONTEST held on August 8th, 2026 at Luxembourg Fest in Belgium, Wisconsin.

☐ **CHECK HERE** to consent to use of your image (or your child's, if contestant is a minor) for promotional purposes

SIGNATURE OF CONTESTANT: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN IF CONTESTANT IS A MINOR: _____

DATE: _____

RETURN THIS COMPLETED AND SIGNED HOLD HARMLESS/INDEMNITY AGREEMENT TO:

**Luxembourg American Cultural Center · P. O. Box 157 · 100 Peter Thein Avenue
Belgium, WI 53004 USA
262-476-5087**