

WINGS RESTAURANTS & PUBS
Liability Waiver, Medical Release & Photo / Video Authorization

This form is necessary for any contestant of the 25th Anniversary WINGS Eating Contest. You will not be allowed to participate without this form signed and submitted in advance.

EVENT: 25TH ANNIVERSARY WINGS EATING CONTEST
Local Rounds: January 29, 2026 | Finals: February 26, 2026 (Lower Mainland. WINGS location TBD)

Full Name:		Date of Birth (MM/DD/YYYY):	
Street Address:	City:	Postal Code:	
Email Address:	Phone Number:		
Emergency Contact Name:	Emergency Contact Phone:		
Social Media Handle (Facebook, Instagram or TikTok):			

SECTION 1: LIABILITY WAIVER & MEDICAL RELEASE

I, the undersigned, acknowledge that participating in the WINGS Eating Contest involves inherent risks, including but not limited to choking, allergic reactions, illness, injury, and other unforeseen hazards.

I voluntarily assume all risks associated with this activity. I agree to release, indemnify, and hold harmless WINGS Restaurants & Pubs, its owners, officers, employees, agents, representatives, and sponsors from any liability, claims, damages, or losses arising from my participation.

In the event of a medical emergency, I authorize WINGS Restaurants & Pubs to obtain medical treatment on my behalf if deemed necessary. I am solely responsible for any associated costs.

I confirm that:

- I am 19 years of age or older.
- I have read and understand the Official Contest Rules.
- I am physically able to participate and have no conditions that would make participation unsafe.

SECTION 2: PHOTO & VIDEO AUTHORIZATION

I grant WINGS Restaurants & Pubs permission to take and use photographs and video recordings of me during the WINGS Eating Contest for any lawful purpose, including but not limited to:

- Advertising
- Promotional materials
- Website use
- Social media content
- Publicity

I authorize WINGS Restaurants & Pubs to edit, publish, copyright, or distribute this content without further approval and without compensation.

SECTION 3: CONFIRMATION OF UNDERSTANDING

By signing below, I confirm that:

- I have read this entire document.
- I understand the terms in both sections.
- I voluntarily agree to all conditions outlined above.

Participant Signature: _____

Date: _____

Witness Signature (Store Manager/Staff): _____

WINGS Location: _____