



WREATHS *across* AMERICA

HOT DOG EATING CONTEST

REGISTRATION & CONSENT FORM

RULES OF THE GAME:

1. Must have a signed "Registration & Consent Form" on file
2. Contestants may not touch the hot dogs until starting signal
3. Entire hot dog, including bun, must be consumed to be counted – hot dog and bun may be split to consume
4. Contestants will have five (5) minutes to consume as many hot dogs as they can handle
5. Contestants may bring their own drink (non-alcoholic), water will be provided
6. 30 seconds will be granted after the final call to swallow what they have in their mouth
7. Partially eaten hotdogs will not be counted
8. Visible signs of sickness will be counted as a disqualification
9. Ties will be determined with a two (2) minute eat off
10. Entries must have \$10 in cash or check payable to "Sioux Center WAA" prior to contest start
11. Must be checked in prior to the 1:00 PM start time on June 2, 2018

REGISTRATION:

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ CITY, ST ZIP: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE GROUP: _____ 13 & YOUNGER _____ 14 & OLDER

EMERGENCY CONTACT: _____ NUMBER: _____

CONSENT:

I know that eating large amounts of hot dogs is potentially hazardous and can be an uncomfortable activity. I should not enter and eat unless I am medically capable or properly trained. I realize that this is in good fun and possibly bad taste, but I agree to be a good sport. I agree to abide by any decision of the contest officials and all of the contest rules. I assume all risks associated with eating in this type of event including but not limited to indigestion, that stuffed feeling, contact with other contestants, and a general dislike for hot dogs after I am done, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Sioux Center, Sioux Center Summer Celebration, and Sioux Center Wreaths Across America, their representatives, sponsors, and their successors from all claims of liabilities of any kind arising out of my participation in this event.

CONTESTANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(REQUIRED IF CONTESTANT IS UNDER THE AGE OF 18)

PRINTED NAME OF PARENT/GUARDIAN: _____