

Hot Dog Eating Contest
Entry Form
(All entries must be 16 years or older)

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____

Emergency Contact Name and Phone: _____

WAIVER

I know that eating large amounts of hot dogs is potentially hazardous and is an uncomfortable activity. I should not enter and eat unless I am medically capable. I realize that this is in good fun and possibly in 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 stuffing 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 part, waive and release the City of Green Cove Springs, their representatives, sponsors, and their successors from all claims of liabilities of any kind arising out of my participation in this event.

Contestant Signature: _____

Parental Signature if under 18 years old: _____

Date: _____