

Hot Dog Eating Contest Rules

- ❖ \$25 non-refundable entry fee – space is limited to 20 people
- ❖ All contestants must be registered by 4:00 pm on the day of contest with a signed waiver
- ❖ Contestants must check in at Indiana Packers Stage (Clinton Street) by 4:45 pm for 5:00 contest
- ❖ Contestants must be 18 or over to enter (ID will be requested)
- ❖ The object is to eat as many hot dogs AND buns in 10 minutes (water is the only beverage allowed)
- ❖ Contestants will wait for the whistle to start – contest is timed with a stopwatch
- ❖ Any complete hot dog and bun in the contestant's mouth at the final whistle is counted – provided it is then swallowed
- ❖ Dunking & crunching the hot dog and bun is permitted
- ❖ Separating the hot dog and bun is permitted (both must be eaten)
- ❖ Contestants must not touch hot dog or bun before the whistle begins the contest
- ❖ Any contestant caught breaking any of the rules will be disqualified

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 and properly trained. I realize that this is 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 risk 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 Frankfort Main Street, Inc., their representatives, sponsors, the City of Frankfort and their successors from all claims of liability of any kind arising out of my participation in this event.

Contestant Signature: _____

Date: _____ Time: _____ HDF Official: _____

ENTRY FORM:

FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

DATE OF BIRTH: _____ **AGE:** _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Do you have any serious medical conditions or injury that may be affected by this contest?

Please Circle: Yes / NO if yes, please explain in detail: _____

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Contestant Signature: _____

Date: _____ **Time:** _____ **HDF Official:** _____