



# Zane's Trace Commemoration

P.O Box332  
Zanesville, Oh 43702

[www.zanestracecommemoration.com](http://www.zanestracecommemoration.com)

Proud Member of



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## 2023 Zane's Trace HOT DOG EATING CONTEST RULES AND REGULATION FORM

Do you have dreams of being the Zane's Trace Commemoration "Hot Dog Eating" Champion?



Well, here is your chance to sign up for the **1st Annual Zane's Trace Commemoration Hot Dog Eating Contest**. You must be 13 years of age to enter the contest. All you have to do is fill out the application, send this in along with the application fee, and come eat all the hot dogs you can

.

**Where:**

**When:**

**What:** To win this competition and claim the honor of 2023 Zane's Trace Commemoration Hot Dog Eating Champion!

Cost: Pre-registration -

### The Rules

- \*Must be 13 years old to enter.
  - \*Contestants age 13-17 must have registration form signed by parent for them to eligible to compete.
  - \*Only entire hot dogs eaten will be counted (an entire hot dog includes the bun).
  - \*Contestants will have 5 minutes to down all the hot dogs they can handle.
  - \*Contestant may drink water (provided) while eating their hot dogs.
  - \*Buns and hot dogs may be separated, dunked, or mangled. All portions of the hot dog (including bun must be eaten).
  - \*When the 5-minute time limit is up, contestants may not put any additional hot dog or buns in their mouths. They will have 20 seconds to swallow what is in their mouths. Any contents remaining in contestant's mouths at the end of 20 seconds will not be counted.
  - \*Partially eaten hot dogs will not be counted.
  - \*Visible signs of sickness will result in disqualification.
  - \*Ties will be decided by an "eat off".
  - \*Three Age Divisions: 1) 13-15 years old  
2) 16-18 years old  
3) 19+ years old
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### Zane's Trace Commemoration Board Members

Rick Buck: Board President – 740-487-6776

Cindy Northrup: Board Secretary – 740-617-7735

Holly Tracey – Grimes: Treasurer – 740-562-7412



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## 2023 Zane's Trace HOT DOG EATING CONTEST REGISTRATION FORM

Please complete the registration form and return with registration fee.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

"Hot Dog Eating Name: (ex. Mad Dog, Dog Biter, etc.) \_\_\_\_\_

### ALL CONTESTANTS MUST READ AND SIGN THIS WAIVER BEFORE ENTERING

I know that eating large amounts of hot dogs is a potentially hazardous and an uncomfortable activity. I should not enter and eat unless I am medically capable. I realize that this is all 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, a general dislike for hot dogs after I am done. Having read this waiver, knowing these facts, and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, agrees to hereby release, indemnify and hold harmless Zane's Trace Commemoration, volunteers, sponsors, and the City of Zanesville, and their officers, elected officials, agents, volunteers, and employees, and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my participating in this challenge. Participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I assume all risks related to the activities. In case of an emergency, I do hereby authorize and consent to any medical treatment or care deemed advisable. I have read and agree to comply with the Rules. My signature below indicates that I have read, understand and have freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with jurisdiction of Ohio in full legal force and effect. This paragraph shall survive termination of this Agreement.

Contestant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

(If contestant under the age of 18)

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