The Schiele Museum of Natural History
Bug Eating Contest Contest Rules, Entry Form, Waiver & Release

TO ENTER PLEASE CAREFULLY READ THE OFFICIAL RULES AND ENTRY FORM INCLUDING THE WAIVER OF LIABILITY PROVISIONS AND COMPLETE AND SIGN THIS DOCUMENT. YOU MUST SIGN THE BOTTOM OF EACH PAGE AND FILL OUT THE ENTRY FORM IN ORDER TO COMPLETE THIS DOCUMENT AND ENTER THE CONTEST.

OFFICIAL CONTEST RULES

The rules for the Bug Eating Contest must be followed throughout the entire event, and any contestant that breaks the following rules will be immediately disqualified.

1. The contest will be open to the first 10 people to register for either of the two time slots (11am and 1pm). There will be five participants per time slot. You must be 18 years or older to register and have a valid form of ID that proves your date of birth.
2. Contestants who register for the Bug Eating Contest and are admitted will not have to purchase entry to the Museum for Bug Day.
3. A waiver must be signed in order to participate in the contest.
4. The objective of this competition is to eat all of the insects on your plate as quickly as possible. Bottled water will be provided to each contestant, but no outside beverages will be allowed.
5. The contest will consist of 9 rounds in total. The last person in each round to finish consuming the insects on his/her plate will be eliminated following round 5. If a participant refuses to eat or cannot finish their insect before the disqualification rounds, they will be eliminated.
    a. A contestant is finished consuming his/her plate of insects when he/she presses their buzzer. The contestant must have an empty plate without any visible insect parts. The contestant will also open his/her mouth and stick out his/her tongue to prove that all parts of the insects have been swallowed and completely consumed. The contestant must also not use any water or other liquid to help consume the insects.
    b. Any contestant to spit out/throw up any and/or all parts of the insect(s) will be immediately disqualified. All insects and insect parts must be swallowed and entirely consumed.
    c. Contestants may forfeit at any time.
    d. Judges will determine the last contestant to finish their insect(s) and eliminate the chosen contestant.
6. Each round will be initiated by an announcer and will begin when the announcer says start. Contestants must not touch their plate or any of the insects on it until the round is initiated by the announcer. If a contestant picks up and/or starts consuming any of the insects before the round is initiated, then that person will be immediately disqualified from the contest.
7. The only person not to be eliminated will be the winner of the 8th Annual Bug Eating Contest. This person will receive the prize basket.

Contestant signature: _____ Date: _____

a. In the event of a tie, the finishing times and placement of each contestant in previous rounds will be considered in order to break the tie. The contestant with the shorter time and higher placement in the previous round of the competition will be crowned the winner.

ACKNOWLEDGEMENT OF RISKS AND WAIVER OF LIABILITY

1. I acknowledge and agree that I am age 18 years or older.
2. I acknowledge that I do not have a shellfish allergy as insects are similar to shellfish and eating insects could result in the same allergic reactions.
3. I acknowledge and fully understand that I will be engaging in activities that may involve the risk of damage to personal property and myself, including serious injury such as choking, vomiting, feeling nauseous or dizzy and possible loss of life. I acknowledge that I am voluntarily entering the Bug Eating Contest, and I assume all of these risks. Further, I acknowledge there may be other risks not known or not reasonably foreseeable at this time.
4. I assume all of the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following such damages, injury, disability or death.
5. I RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Schiele Museum of Natural History and Planetarium Inc. of the City of Gastonia, any of the respective administrators, directors, officers, agents, employees, contractors, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premise used to conduct the Schiele Museum Bug Eating Contest from any liability to me, my heirs and next of kin for any and all claims, demands, losses, expenses or damages on account of damage to personal property or injury caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against one of the Releasees as a result of my involvement in the Schiele Museum Bug Eating Contest, I WILL INDEMNIFY, SAVE, and HOLD HARMLESS each of the Releasees from any expenses, attorney fees, loss, liability, damage or cost which any of the Releasees may incur as a result of such claim or demand.
6. This waiver may not be modified in any way. If part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

FINAL AUTHORITY

The Schiele Museum of Natural History and Planetarium Inc. of the City of Gastonia and associated contest judges have sole and complete discretion regarding all contest related matters. All decisions regarding disqualification of a contestant(s) shall be subject to the sole and complete discretion of the Schiele Museum of Natural History and associated contest judges.

I AGREE TO NOT CONTEST THE OUTCOME AND ANY PART OR ASPECT OF THIS CONTEST.

Contestant signature: _____ Date: _____

CERTIFICATION AND SIGNATURE:

I CERTIFY THAT I HAVE CAREFULLY READ AND AGREE TO COMPLY WITH THE ABOVE RULES, REGULATIONS, WAIVER AND RELEASE. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE. I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE SCHIELE MUSEUM OF NATURAL HISTORY BUG EATING CONTEST TRUSTEES, EMPLOYEES, AGENTS AND ASSIGNS FROM ANY AND ALL LIABILITY, DAMAGE, AND CLAIM OF ANY NATURE ARISING OUT OF OR IN ANY WAY RELATED TO MY PARTICIPATION IN THIS CONTEST. IN CASE OF AN EMERGENCY, I DO HEREBY AUTHORIZE AND CONSENT TO ANY MEDICAL TREATMENT OR CARE DEEMED ADVISABLE. MY SIGNATURE BELOW INDICATES MY UNDERSTANDING AND ASSUMPTION OF RISKS AND MY VOLUNTARY PARTICIPATION IN THE EVENT. I AGREE THAT THIS WAIVER SHALL BE CONSTRUED AND ENFORCED IN ACCORDANCE WITH NORTH CAROLINA LAWS, AND I AGREE THAT THIS WAIVER AND RELEASE FORM IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY NORTH CAROLINA LAWS SO IF ANY PORTION HEREOF IS HELD INVALID, THE BALANCE SHALL CONTINUE IN FULL LEGAL FORCE.

This form is necessary for every contestant participating in the Schiele Museum Bug Eating Contest. You will not be allowed to participate without this form completely filled out and signed.

Participant's Name: _____ Date of Birth: _____

Address:_____

City: _____ State: _____ Zip: _____ Phone Number: (____)-____-____

Signature: _____ Date: _____

Contestant signature: _____ Date: _____