

# 2019 POLAR PLUNGE REGISTRATION SHEET



**GET YOUR PLUNGE ON!**

**Saturday, April 6, 2019**

Hosted by the BEACHCOMBER

**TOO CHICKEN TO PLUNGE?**

No problem you can still be part of the fun!



Simply register as a chicken and still receive incentives! Except, no going in the icy water!

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F/M

Email Address: \_\_\_\_\_

## Terms and Conditions:

Complete registration form. Turn in all donations at the event. Sign the waiver below. Pick up your earned incentives at registration.

### Polar Plunge Waiver

In consideration of acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge the Vincent House, the Beachcomber, plus sponsors, their representatives and successors, promoters, managers, directors, officials, agents, employees and volunteers of the Vincent House Polar Plunge Committee from any and all claims of injury or liabilities of any kind, illness or damages suffered by me, as a result of my participation in or traveling to or from this event. I understand that the nature of this activity is potentially hazardous activity. I understand that I should not enter and Plunge unless I am medically able. I CERTIFY THAT I AND/OR MY MINOR CHILD am qualified, in good health, and in proper physical condition to participate in the activity. "I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child participation in the activity. I agree to abide by any decision of the on site EM relative to my ability to safely participate in the Plunge. I assume all risks associated with this event, all such risks being known and appreciated by me. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

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

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Any questions? Contact Mary Jo at The Vincent House 585-728-2427 or volunteer2014@frontier.com