



POLAR PLUNGE®



FOR SPECIAL OLYMPICS MANITOBA

REGISTRATION FORM

I'm registering as a: ___ Individual (\$100 per person)
 ___ Team (\$600 per team)

Participant's Name

Business, School, Agency or Team Name

Street Address

City

Postal Code

E-Mail Address

SHIRT SIZE

S M L XL XXL XXXL

Please complete this form and forward to:

Darren Anderson
Special Olympics Manitoba
304-145 Pacific Avenue
Winnipeg, Manitoba R3B 2Z6
Fax: 204-925-5635 Tel: 204-926-8352
Or email to danderson@specialolympics.mb.ca

Thank-you for your support for Special Olympics Manitoba



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WAIVER FORM

In consideration of participating in the 2020 Polar Plunge, I understand the nature of the event and that I/or my minor child am qualified, in good health and in proper physical condition to participate in such an event. I acknowledge that if the event conditions are determined to be unsafe, I and/or my minor child will immediately discontinue participation in the event.

I fully understand the event involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the RELEASEES indicated below, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully assume and except such risks and all responsibility for any losses, costs, damages I incur as a result of my participation in this event.

I hereby release, discharge, and covenant not to sue Stride Place, City of Portage la Prairie, Special Olympics Manitoba, Manitoba Law Enforcement Torch Run, their respective administrators, and, if applicable, owners, and lessors of premises on which the activity takes place, (each RELEASEE) from all liabilities, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASSEE or otherwise, including negligent rescue operations; and I further agree that if, despite the release, waiver or liability, and assumption of risk, I, or anyone on my and/or minor child's behalf, make a claim against any of the RELEASEES, I will indemnify, save, and hold harmless each of the releases from any such loss, liability, damage, or cost which may be incurred as the result of such claim.

I have read this release and waiver of liability, assumption of risk, and indemnity and fully understand it.

All participants must be 15 years of age or older.

Printed Name of Participant: _____

Signature of Participant: _____

(If under age of 18) Signature of Parent/Guardian: _____

Date: _____ Dept/Group: _____

