

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT
AGREEMENT FOR 2019 POLAR PLUNGE® EVENT
**PARTICIPANTS UNDER 18 YEARS OF AGE MUST BRING A COPY OF THE WAIVER SIGNED BY A PARENT
OR LEGAL GUARDIAN TO THE EVENT.**

In consideration of participating in the Polar Plunge® to be held February 23, 2019 in Kelseyville, California and benefitting Special Olympics Northern California (the "Event"), I represent that I understand the nature of water plunge events and that I and/or my minor child are competent, qualified, in good health, and in proper physical condition to participate in the Event. I acknowledge that if I and/or my minor child believe the Event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Event and any related activities.

I fully understand that the Event involves risks 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" named below; and that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for any losses, costs, and damages that I and/or my minor child incur as a result of my and/or my minor child's participation in the Event and any related activities.

I hereby release, discharge, and covenant not to sue Special Olympics Northern California, Inc., Special Olympics, Inc., their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and all owners and lessors of the premises on which the Event takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages on my and/or my minor child's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I hereby consent to receive any medical treatment which may be deemed advisable for me and/or my minor child in the event of injury and/or illness during the Event. I understand that I or my health insurer (and not any of the Releasees or their insurers) will be responsible to pay for or otherwise cover any or all of the expenses in connection with any injury and/or illness that I and/or my minor child may suffer in connection with the Event.

In addition, I hereby authorize any of the Releasees and/or their agents to photograph, film, tape, or otherwise create audio and/or video recordings, still images, and/or textual descriptions of me and/or my minor child, and to use the same for any legitimate purpose, as well as to use the name and biographical information of me and/or my minor child in connection therewith, without compensation or further permission.

I am at least 18 years of age or older, and have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance and intend to be an unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid, the balance notwithstanding shall continue in full force and effect. This document shall be binding upon me and my minor child, including my and/or my minor child's heirs, executors, administrators and assigns, and any legal guardian of my minor child.

Participant Address: _____

City/State/Zip: _____ **Phone #:** _____

FOR ADULT PARTICIPANT:

Print Full Name: _____

Signature: _____ Date: _____

Email: _____

FOR MINOR PARTICIPANT:

Print Full Name of Minor: _____

Print Full Name of Parent/Guardian: _____

Signature: _____ / _____
(By Parent/Guardian of Minor) (Date)

EMERGENCY CONTACT:

Print Name: _____

Phone #: _____

Team Name: _____
(if applicable)

Amount Paid: _____ Cash Check CC
**COMPLETE ONLY FOR WALK-UP PARTICIPANTS
WHO ARE NOT REGISTERED ONLINE.**