

The Jack Beagan Memorial Polar Plunge

POLAR PLUNGE ASSUMPTION OF RISK, RELEASE AND WAIVER

In consideration of being allowed to participate in any way in the Polar Plunge event and activities. I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the following entities, including all their Boards, Employees, and Volunteers: Recreation and Fitness Resources, the Bayfield Rec Center, the School District of Bayfield, the City of Bayfield, the Madeline Island Ferry Line. WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement.

Must be signed and dated for acceptance.

Participant's Signature _____ Date _____

For Participants of Minority Age
(under age 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature _____ Date _____

POLAR PLUNGE INFO FORM

Saturday, March 2nd 2024
Bayfield Lakeside Pavilion - 2 E Front St, Bayfield WI

12:00pm-1:00pm - Sign in, sign or turn waiver in, and turn pledges in
(all plungers must sign in, even if you registered in advance)
2:00 - Take the plunge!

Plunger's Name: _____

Group Name (if applicable): _____

Group Address (if applicable): _____

501c3 EIN number (if applicable): _____

Your Address: _____

Email: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Have you done a Polar Plunge before? _____

Total amount of donations turned in today: \$ _____

Do you have any medical conditions that we should know about? _____

Thanks for plunging and supporting the Bayfield Rec Center!

Pre-Registration online. This form will be required for all cash donations on
the day of the plunge.