

The Mighty Madison Polar Plunge on Blannahassett Island in Marshall, NC on Saturday, February 24, 2018.

Registration and minimum pledge fee of \$50.00 can be mailed to Madison County Special Olympics*PO Box 2133*Mars Hill, NC 28754

Note: Pre-registration and minimum pledge of \$50.00 is due by February 5th in order to reserve your souvenir Polar Plunge t-shirt Check in and late registrations will begin at 2:00 pm.

Register online, go to: https://sites.google.com/site/madisonpolarplunge/

Have more questions? Email: mightymadisonspecialolympics@gmail.com or message us on Facebook (Special Olympics Madison County NC)

First Name:		Last Nam	ie:				
Address:	_City: _			State: _	Zip Code: _		
Home Phone:	_	Cell Phor	ne:				
E-mail Address:							
Shirt Size: Adults Sizes S M	L	XL 🗌	2XL 🗌	3XL			
Will you be participating in the costume co	ontest?	Yes 🗌	No 🗌				
Please make all checks payable to: Special Olympics of Madison County							
For Official Use Only:							
Date Registered: Amount Paid:		Cash:	Check	:	Check Number:		
Signed:							
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Special Olympics Madison County Release and Waiver Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement

Participant's Name: _____

Address:	
Email:	Phone:
In consideration of participating in the Special	Olympics Madison County Polar Bear Plunge event:
(1) I represent that I understand the nature of the Polar Bear Plunge event and that event.	t I am qualified, in good health, and in proper physical condition to participate in this
(2) I acknowledge that if I believe event conditions are unsafe, I will immediately	discontinue participation in the Polar Bear Plunge event.
(3) I fully understand that the Polar Bear Plunge event involve risks of serious boy my own actions, or inactions, those of others participating in the event, the con (defined below in Section (5)); and that there may be other risks either not known	
(4) I fully accept and assume on my behalf all such risks and all responsibility for Plunge event.	losses, costs, and damages I incur as a result of my participation in the Polar Bear
affiliates, administrators, directors, agents, officers, volunteers, and employees, ot	decial Olympics North Carolina, Special Olympic Madison County, and their respective ther participants, any sponsors, advertisers, and, if applicable, owners and lessors of of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages the of the RELEASEES or otherwise, including negligent rescue operations.
	on of Risk and Indemnity, I or anyone on my behalf, makes a claim against any of the S from any loss, liability, damage, or cost which any may incur as the result of such
(7) I authorize Special Olympics Madison County and its agents and all persons a statements, videotapes and recordings of, about or obtained by me. I waive any rigmay be used in connection or the use to which it may be applied. I release and disacting under its authority, from any liability for any violation of any personal or p	ght to inspect or approve the finished product or the advertising or other copy, which charge Special Olympics Madison County, its agents and assigns and all persons
(8) I hereby represent that I am over the age of 18.	
I have read this Release and Waiver of Liability, Assumption of Risk, and Indemrights by accepting it and have accepted it freely and without any inducement or a liability to the greatest extent allowed by law and agree that if any portion of this Consent Agreement is held to be invalid the balance, notwithstanding, shall continue.	assurance of any nature and intend it to be a complete and unconditional release of all Release and Waiver of Liability, Assumption of Risk, and Indemnity and Parental
Printed name of participant:	Date:
Signature of Participant (only if over age 18) Please note that plungers between the gaes of	Signature of Parent/Legal Guardian (if under age 18) 14-17 must be accompanied by parent or guardian
. 5	14-17 must be accompanied by purem of guardian
	o inspect or approve the finished product or the advertising or other copy, which may ge Special Olympics Madison County its agents and assigns and all persons acting
Printed name of participant:	Date:
Signature of Participant (only if over age 18)	Signature of Parent/Legal Guardian (if under age 18)