Ancient Order of Hibernians Division 2 Monmouth County

Polar Bear Plunge Registration Form

Event to benefit Area Catholic Schools

Date/Time: Sunday, January 8th 2012 (rain or shine) In Water At 1PM
Location: Maker's Waters Edge - Route 36, Sea Bright, NJ

Name:	
Address:	
City/State/Zip:	
Email:	
Pledge To:	**( ) School Name**: _____ **( ) AOH Scholarship Fund**

SPONSOR SHEET

Minimum total sponsorship is $25 per plunger (ie 5 sponsors @ $5 each)
Pledge amounts are due at registration

Name	Address	Amount

Make copies if necessary for additional sponsors

I KNOW THAT A POLAR BEAR PLUNGE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER OR PARTICIPATE UNLESS I AM MEDICALLY ABLE. I AGREE TO ABIDE BY THE RULES AND DIRECTIONS OF THE PLUNGE ORGANIZERS AND STAFF. I ASSUME ALL RISKS ASSOCIATED WITH THIS PLUNGE INCLUDING BUT NOT LIMITED TO THE EFFECTS OF EXTREMELY COLD WATER AND TEMPERATURE ON MY BODY, FALLS AND THE RISKS OF ENTERING INTO THE ATLANTIC OCEAN. KNOWING THE RISKS, I MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF WAIVE AND RELEASE THE ANCIENT ORDER OF HIBERNIANS, THE PARTICIPATING SCHOOLS, ICHABODS, THE TOWN OF SEA BRIGHT AND ALL SPONSORS, REPRESENTATIVES AND THEIR SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING FROM MY PARTICIPATION IN THIS EVENT OR CARELESSNESS OF THE PERSON NAMED IN THIS WAIVER. IN ADDITION I GRANT THE ORGANIZERS TO USE ANY PHOTOGRAPHS AND OTHER MEDIA OF THIS EVENT FOR LEGITIMATE PURPOSES. I KNOW THAT THIS EVENT INVOLVES THE COLLECTION OF PLEDGES. PERSONS UNDER 21 YEARS OF AGE MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN.

_____ _____

Signature (Guardian if less than 18 years of age) Date

Contact: AOHPolarPlunge@yahoo.com