



2022 Polar Plunge Offline Registration Form

Plunger Information

Name: _____

Mailing Address: _____

Mailing Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Registration Type

Plunge Location: _____

Participant Type: Plunge OUR Way Plunge YOUR Way

Role: Individual Join A Team Create A Team

Team Name: _____

Team Fundraising Goal: _____

Registration Details

Fundraising Goal: _____

Date of Birth (MM/DD/YY): _____

Gender: Male Female Prefer Not to Say

Name Your Employer, Department or School: _____

How many times have you participated in this event: _____ (years)

Shirt Size (all sizes are adult unisex):

Small Medium Large X-Large 2-XL 3-XL

How did you hear about this event?

Friend Website eNewsletter Social Media
 Brochure/Poster Newspaper TV Radio
 Other

What is your affiliation with Special Olympics Illinois?

- I just enjoy raising funds for this great cause!
- I am a Special Olympics athlete
- I am a Unified Partner
- I have a SO athlete in my family
- I have a friend or classmate who is a SO athlete
- I am a Special Olympics staff member
- I participate with the Law Enforcement Torch Run
- Others

Please return completed form along with a minimum of \$100 donation to
YOUR LOCAL PLUNGE DIRECTOR or mail to:

Special Olympics Illinois, Attn: Sharon Russel, 605 East Willow, Normal, IL 61761



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By registering for this event, I agree to allow Special Olympics Illinois the use of all event related photography and video for marketing purposes.

SPECIAL OLYMPICS ILLINOIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the Special Olympics Illinois Law Enforcement Torch Run Polar Plunge ("Activity"), I represent that I understand the nature of Polar Plunge events and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that Polar Plunge events involve risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, 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 losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympic Illinois, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my 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 have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and 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.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date: _____

Signature of Parent/Legal Guardian
(if participant under age 18)

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