ANNUAL POLAR BEAR SWIM REGISTRATION FORM

LOCATION: PADDLEWHEEL BEACH

REGISTRATION: Starts at 12, Swim at 1 pm.

LIABILITY AND WAIVER STATEMENT

I, ***(please print name in full)***

_____ hereby assume all of the risks of participating in and/or volunteering at this event.

I further acknowledge and understand that participation in this outdoor activity carries with it inherent risks including, but not limited to, the risk of injury.

It is the responsibility of each participant of this event to familiarize themselves with the risks of swimming in cold water and including but not limited to other weather conditions, to weigh those risks against the advantages, and to decide whether or not to participate.

The organizers of this event; the representatives; leaders and members cannot and will not assume liability in respect of any of these risks, dangers, hazards and liabilities.

Participants further acknowledge that it is their responsibility to ensure that they carry adequate medical, extended health, dental and accident insurance coverage, as well as protection for personal possessions.

It is the participant's individual responsibility to verify that they are in good health and are physically capable of carrying out the outdoor activities or waiting in winter weather conditions for the official start of the Polar Bear Swim.

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LIABILITY AND WAIVER STATEMENT – In consideration of being allowed to participate, individuals release the organizers, its representatives, leaders, email senders, volunteers and members of this fundraising event from all liability in respect of any personal injury suffered, any damage or loss of personal property, which may arise out of participation in this fundraising outdoor activity.

I have carefully read this Waiver and Release and fully understand its contents.

Signature: _____

Date: _____

Age:_____

Emergency Contact Person: Name _____ **Tel:** (C) _____ (H) _____

Anyone under the age of 18 must be accompanied by their parent or guardian

If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below.

Signature of parent or guardian if participant is under 18 years of age

Parent Signature: _____

Date: _____

Name of Child: _____

Address: _____ City_____

Postal Code: _____

Telephone_____ E-Mail_____

Thank you for your participation and support of the children at Mission Hill Elementary.