



# POLAR PLUNGE REGISTRATION

**IMPORTANT:** Remember to sign this form and bring the pledge form and pledges



**Special Olympics**  
South Dakota



Team Name: \_\_\_\_\_

Team Division (Corporate, School, Law Enforcement, Open): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shirt Size (S-3XL): \_\_\_\_\_ Age: \_\_\_\_\_

## INDIVIDUAL AMOUNT RAISED

Cash: \$ \_\_\_\_\_

Check: \$ \_\_\_\_\_

Online: \$ \_\_\_\_\_

[www.firstgiving.com/sosd](http://www.firstgiving.com/sosd)

Total: \$ \_\_\_\_\_

### Are you a high school or college student?

Yes

No

### Waiver and Release of Liability, Assumption of Risk and Indemnification Agreement

In consideration of participating in the Special Olympics South Dakota Law Enforcement "Polar Plunge 2021 Activity", I represent that I understand the nature of the Polar Plunge event 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 the Polar Plunge event involves risks of serious bodily injury, including permanent disability, paralysis or 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 Olympics South Dakota, their 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 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 a claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION 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.

I hereby authorize Special Olympics South Dakota to use my name, likeness, statements and other identifying information worldwide, in perpetuity, including in photographs, video and recordings for the purposes of publicizing and promoting Special Olympics and Law Enforcement Torch Run activities, and to raise funds for Special Olympics. This authorization includes use in any media, including but not limited to print and on the Internet. I understand that I will not be compensated for such use and that Special Olympics South Dakota is not obligated to use my name, likeness, statements or other identifying information. I also acknowledge that my email will be used for updates with Special Olympics South Dakota, but reserve the right to unsubscribe at any time.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant  
(age 18 & older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Legal Guardian  
(If participant under age 18)

\_\_\_\_\_  
Date