2027 REGISTRATION & WAIVER

WAUKEGAN POLAR BEAR PLUNGE

OFFICE USE ONLY:
_____ PLUNGER
_____ APPAREL SALE

Registration Type: ____ **Pre-Registration 1A ($20)** _____ **Day off Event Registration 1A ($25)** ____ **Pledger 1B ($50+)**

IMPORTANT INFORMATION

The Waukegan Park District and City of Waukegan are committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District and City continuously strive to reduce certain risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. For example, **DIVING IS STRICTLY PROHIBITED, THE WATER DEPTH IS APPROXIMATELY FOUR (4) FEET**. However, participants and parents/guardians of minors registering for this event must recognize that there is an inherent risk of injury when choosing to participate in a Polar Bear Plunge.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for this special event. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before participating in this activity.

WARNING OF RISK

Polar Bear Plunges challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to slipping on a snowy or icy surface, head and neck injuries associated with striking one's head on the bottom, tripping on or striking against a slope or a submerged object, accidental hypothermia, sudden cardiac arrest, frostnip, frostbite, and drowning. Vulnerability to cold injury is also increased when circulation is impaired by cardiovascular disease, drunkenness, impaired consciousness, exhaustion, hunger, or very young or old age. Understandably, not all hazards and dangers can be foreseen. The very nature of exposing the body to extreme cold is hazardous and risky. In this regard, it must be recognized that it is impossible for the Park District and City to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this event **(including failure to provide, or inadequate emergency response and/or medical services)**.

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this event. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this activity against the Waukegan Park District and City of Waukegan, including their respective officials, agents, volunteers and employees (hereinafter collectively referred as "Sponsors").

I do hereby fully release and forever discharge the Sponsors from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity. I further agree to indemnify, hold harmless and defend the Sponsors from any and all claims associated with the activities of this program.

In the event of an emergency, I authorize Sponsor Staff to secure from a licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

SIGNATURE:_____ **TODAY'S DATE:**_____

(If less than 18 years of age a Parent/Guardian must sign)

I HAVE READ THE RULES FOR PLUNGERS LISTED AT REGISTRATION INITIAL HERE: _____

PRINT NAME: _____ **BIRTH DATE:** _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

PLUNGER PHONE NUMBER: _____

PLUNGER EMAIL ADDRESS: _____

PLUNGER ADDRESS _____
(Street) (City) (State) (Zip)