



## Rotary International District 7930 2018 Polar Plunge for Polio Waiver of Liability and Photo Release Form for YOUTH

### For YOUTH under 18 years of age: Select ONE option

☐ Yes, I want to plunge! Waiver: I give my child/dependent my permission to voluntarily plunge into the Atlantic with Rotary District 7930 for the 2018 Polar Plunge for Polio on Saturday, February 3, 2018 (or rain date) and collect donations on behalf of The Rotary Foundation and my local Rotary Club.

☐ I'd rather be a "virtual plunger"! Waiver: I give my child my permission my permission to voluntarily participate as a "virtual plunger" with Rotary District 7930 for the 2018 Polar Plunge for Polio on Saturday, February 3, 2018 (or rain date) and collect donations on behalf of The Rotary Foundation and my local Rotary Club.

### Photo/Video/Media Release

By signing below, I, as parent or legal guardian of a minor, give my permission for my child to be photographed and/or filmed during event time, and I allow my child to be identified by first name. By signing below, I hereby acknowledge that photos and/or videos may be printed or published in print, video, electronic, or social media.

If you do **not** want your child to be photographed, check here ☐

### Waiver of Liability for YOUTH

I, the undersigned, as parent/legal guardian of the minor registered to participate, do consent to his/her participation in the 2018 Polar Plunge for Polio either as a plunger or virtual plunger as indicated above, with Rotary International District 7930, the independent Rotary Clubs of Rotary International District 7930 and Interact Clubs of Rotary International District 7930.

I also agree to forever release the Rotary International District 7930, the independent Rotary Clubs of Rotary International District 7930 and Interact Clubs of Rotary International District 7930's officials, agents, board members, volunteers and any and all individuals assisting with this event (the "Releasees") from any and all claims, right of action, causes of action, damages, costs, compensation and attorneys' fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from damages or personal injuries to the minor registered for this event, resulting from participation in the 2018 Polar Plunge for Polio.

I also promise to indemnify, defend and hold harmless the Releasees on behalf of myself and/or minor participant against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or damage to any Rotary-related owned property resulting from participation in the 2018 Polar Plunge for Polio. I also promise to fully reimburse Rotary for any property loss or damage as a result of participation in said program.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that participation in the 2018 Polar Plunge for Polio is entirely voluntary and that I am free to choose not to have my child/minor participate in said program. By signing this form, I authorize my minor's participation in the 2018 Polar Plunge for Polio with full knowledge that the Releasees will not be liable for any damage or injuries resulting from my participation in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Participant's Date of Birth: \_\_\_\_\_

### Waiver Deadline: Friday, January 26, 2018

Please send electronically to: [polarplunge7930@gmail.com](mailto:polarplunge7930@gmail.com)

Polar Plunge Committee c/o Peter Simonsen

24 Dartmouth Street, Beverly, MA 01915



## Rotary International District 7930 2018 Polar Plunge for Polio Waiver of Liability and Photo Release Form for ADULTS

**For ADULTS, 18 years of age or older**

By signing below, I acknowledge my voluntary participation as a plunger or virtual plunger at the 2018 Polar Plunge for Polio on Saturday, February 3, 2018 (or rain date) and collect donations on behalf of The Rotary Foundation and my local Rotary Club.

### **Photo/Video/Media Release**

I acknowledge that I may be photographed and/or filmed during event time. By signing below, I hereby acknowledge that photos and/or videos may be printed or published in print, video, electronic, or social media.

### **Waiver of Liability for ADULTS**

I, the undersigned, do consent to my participation in the 2018 Polar Plunge for Polio either as a plunger or virtual plunger as indicated by my registration, with Rotary International District 7930, the independent Rotary Clubs of Rotary International District 7930 and Interact Clubs of Rotary International District 7930.

I also agree to forever release the Rotary International District 7930, the independent Rotary Clubs of Rotary International District 7930 and Interact Clubs of Rotary International District 7930's officials, agents, board members, volunteers and any and all individuals assisting with this event (the "Releasees") from any and all claims, right of action, causes of action, damages, costs, compensation and attorneys' fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from damages or personal injuries to me, resulting from participation in the 2018 Polar Plunge for Polio.

I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries or damage to any Rotary-related owned property resulting from participation in the 2018 Polar Plunge for Polio. I also promise to fully reimburse Rotary for any property loss or damage as a result of participation in said program.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that participation in the 2018 Polar Plunge for Polio is entirely voluntary and that I am free to choose not to participate in said program. By signing this form, I authorize my participation in the 2017 Polar Plunge for Polio with full knowledge that the Releasees will not be liable for any damage or injuries resulting from my participation in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Participant's Date of Birth: \_\_\_\_\_

### **Waiver Deadline: Friday, January 26, 2018**

Please send electronically to: [polarplunge7930@gmail.com](mailto:polarplunge7930@gmail.com)

OR mail to:

Polar Plunge Committee

c/Thomas Hankard

218 Central Street, Medford, MA 02155