



POLAR BEAR PLUNGE ~ 1PM ~ JANUARY 5, 2019 BENEFITING ~ ANGEL ON MY SHOULDER

Plunger Name: _____ Team name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: () _____

Date of Birth: _____

E-Mail: _____

Circle Your Shirt Size:
S M L XL 2XL 3XL 4XL 5XL
(Write in if you need bigger) _____

Have you plunged before, if so how many years? _____ Check this box if this is your first time

****A Minimum of a \$35.00 pledge is Required to plunge. Credit Cards accepted at event****

Return this waiver form by December 21st 2018 at 5pm to be guaranteed a t-shirt in your size on the day of the plunge. Fax to 715-479-6511 E-mail to wolf@wrjo.com, plunge.angel@gmail.com or mail to P.O. Box 309 Eagle River, WI 54521. All plungers will also receive a towel after the plunge.

I, _____, have voluntarily elected to participate in the "Polar Bear Plunge" Fundraiser. I fully understand the risks of jumping in to the waters of Spirit Lake on **January 5, 2019 @ 1pm**. I agree **Not** to hold WRJO, Heartland Communications Group LLC, Bonnie's Lakeside, Angel On My Shoulder, or any sponsors liable for any injuries acquired from my participation in this event.

I hereby confirm that I am in good physical condition and do not suffer from any disabilities or physical conditions that place me at risk or otherwise prohibits my participation in the "Polar Bear Plunge".

Furthermore, in consideration of my participation in this program, I myself, my heirs assigns, release, WRJO, Heartland Communications Group LLC, Bonnie's Lakeside, Angel On My Shoulder, or any sponsors liable for any injuries acquired from my participation in this event (employees, officers, volunteers, or sponsors), from any claims, demands, and/or causes of action arising in this event.

This is a family event. Swimming Suits and Costumes are welcome but persons wearing inappropriate attire will be asked to leave by plunge staff with NO EXCEPTIONS, and all raised donations will remain with Angel On My Shoulder!

Participant: _____
(Please Print Name)

Witness: _____
(Please Print Name)

Signature: _____

Signature: _____

Signature of Parent or Legal Guardian, if Plunger is under 18 years of age: _____