



### Who benefits from the Capital Area Polar Plunge?

In Special Olympics PA – Area M, over 2,000 children and adults with intellectual disabilities from Cumberland, Dauphin, Perry and Northern York Counties are given the opportunity to train and compete in 20 different sports throughout the year. These opportunities are provided free of charge to our athletes and their families. This is made possible in part due to the funds raised through the Capital Area Polar Plunge.

Special Olympics PA's mission is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

### Please return this form with donations to:

Special Olympics PA – Area M  
Attn: Capital Area Polar Plunge  
PO Box 382  
Summerdale, PA 17093

### For security, please send cash donations in the form of one combined money order.

Checks may be made payable to **SOPAM** or **Special Olympics PA – Area M**. Please ensure the Plunger receiving credit for the donation is listed in the "memo" section of the check.

**Donations must be received prior to Friday, January 18th** to ensure they post to your personal fundraising page. Donations received after will count towards your overall fundraising total but may not reflect on your fundraising page.

**CAPITAL AREA  
POLAR  
PLUNGE**  
GIFFORD PINCHOT STATE PARK  
**1.26.19**

### Gifford Pinchot State Park

Conewago Day Use Area  
1185 Alpine Rd  
Wellsville, PA 17365

**Plunge Registration:** 9:30am - 11am  
**Plunge Time:** 12pm

**Register for the Plunge  
and Too Chicken to Plunge online**

**SOPAM.ORG**

Special Olympics PA – Area M  
 Attn: Capital Area Polar Plunge  
 PO Box 382  
 Summerdale, PA 17093

**Registration Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone# \_\_\_\_\_

E-mail \_\_\_\_\_

Are you a member of Law Enforcement? **Y N**

Please list your dept/office/assoc.(FOP, etc.) \_\_\_\_\_

**Registering as a:** (please check a box)

- Individual Plunger
- Chicken Plunger
- Team Member
  - Team Name \_\_\_\_\_
  - Team Captain \_\_\_\_\_

**Shirt Size:** (please circle) S M L 1X 2X 3X 4X      **Gender** M F

**Registration Fee - \$20** - All Plungers are required to raise a minimum of \$50 in pledges or personal donations to participate (registration fee is included in the minimum amount required).

**Please cut along line and return this portion of the form by Friday, January 18th with donations to:**

**Special Olympics PA – Area M**  
**Attn: Capital Area Polar Plunge**  
 PO Box 382  
 Summerdale, PA 17093

**If you have additional donations, please complete the Capital Area Polar Plunge Pledge form and mail it along with your registration fee to the address above. Additional donations can also be turned in the day of the event.**

DONOR'S NAME	ADDRESS	PHONE	AMOUNT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**This form must be signed by a parent or guardian if the participant is under the age of 18 years old. (DO NOT SIGN WITHOUT READING) Waiver and Release:** In consideration of participating in the Capital Area Polar Plunge to benefit Special Olympics Pennsylvania (plunge into the lake at Gifford Pinchot State Park), I represent that I understand the nature of polar plunge events 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 polar plunge events involve risks of serious bodily injury, including permanent disability, paralysis and 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 Pennsylvania, it's respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors on premises on which the Activity takes place, Harrisburg River Rescue and Emergency Services, The Pennsylvania Department of Conservation and Natural Resources, Aerotek, Geico, WHP580 or any other sponsors (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 Releasees, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Pennsylvania, it's respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors on premises on which the Activity takes place, Harrisburg River Rescue and Emergency Services, The Pennsylvania Department of Conservation and Natural Resources, Aerotek, Geico, WHP580 or any other sponsors (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 Releasees, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as the result of such claim. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT 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 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.



\_\_\_\_\_  
 Signature of Participant or Parent/Guardian Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date