



Please Print Clearly.

- I am registering as an individual
- I am registering as part of a team of 10 or more (Team Registration Deadline is 2/18/20)

TEAM NAME: _____

- I am the Team Captain

PLUNGER INFORMATION:

First Name Initial Last Name

Address: _____

City: _____ St Zip

County: _____

Phone: _____ - _____ - _____ Ext. _____ (H) (W) (C)
(circle one)

Email: _____

- Please Sign me up for the Special Olympics New Jersey Newsletter

Gender: M / F (circle one) Age: _____ Date of Birth: ____ / ____ / ____

MAKE CHECKS PAYABLE TO/MAIL TO:
 Special Olympics New Jersey
 PLUNGE at SEASIDE
 1 Eunice Kennedy Shriver Way
 Lawrenceville, NJ 08648

Payment Information

Minimum \$25 deposit counts towards total \$100 Plunge fee

REGISTRATION FEE: \$25

ADDITIONAL DONATION: _____

TOTAL AMOUNT \$ _____

Payment Method

- Check # _____

- Credit Card Type

Am Ex

Discover

Master Card

Visa

How many years have you plunged? _____
(If first year, write 0)

- I am a: Law Enforcement Officer
- Special Olympics Athlete

HOODED SWEATSHIRT SIZE
 Please circle ONE - Adult sizes only

XS S M L XL XXL XXXL

If size is not specified, XL will be given.

Card Holder Name

Credit Card Number Exp. ____/____

CVV Number _____ (on back, except AmEx# on front)

Card Holder Signature

****PLEASE PROVIDE BILLING ADDRESS IF DIFFERENT FROM ABOVE****

Questions? E-mail pbpinfo@sonj.org, call 609.896.8000

We have a strict no refund policy. If you are unable to attend the Plunge your registration fee and any money raised will go as a donation to Special Olympics New Jersey.

WAIVER - SIGNATURES REQUIRED: Special Olympics New Jersey Release and Waiver of Liability, Assumption of Risk, and Indemnity ("Agreement"): In consideration of participating in the Special Olympics New Jersey Plunge™ (Activity), (1) I represent that I understand the nature of Plunging 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 child will immediately discontinue participation in the Activity. (2) I fully understand Plunging/Swimming 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 Activity, the conditions in which the Activity 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 (3) I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my child incur as a result of my and/or my minor child's participation in the Activity. (4) I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics New Jersey, its 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 (5) 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 Releasees from any loss, liability, damage, or cost which any may incur as a result of such claim. (6) 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 to 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. Note: By my participation in this event I am granting permission to you to use my name, likeness, voice and words in television, radio, films, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics in appealing funds to support such activities.

Signature Required

Date: ____ / ____ / ____

Printed Name of Participant

Signature of Participant (Parent/Legal Guardian if under age 18)