The Greater Ogdensburg Chamber of Commerce & Ogdensburg Volunteer Rescue Squad

POLAR BEAR PLUNGE 2012

Polar Bear Participant _____

Team/Group Name _____

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

Phone: _____**E-Mail** _____

SPONSOR	ADDRESS	CITY	ZIP	$AMOUNT

Donations of $20 or more will receive a tax receipt **Total Amount Raised** **$**_____

(Please fill out all info and print clearly)

Please Make Checks payable to Ogdensburg Chamber of Commerce

Registration fee if no pledges **$35.00**

Please include all cash and/or checks with form **Grand Total** **$**_____

Waiver: The GOCC and OVRS intends to hold the Polar Bear Plunge Event on February 18, 2012
I, along with others, will be provided with the opportunity to participate in the Event, which will include entering into and/or swimming in the St. Lawrence River. There are health risks associated with going into the St. Lawrence River. The temperature of the water and the surrounding enviornment may be extremely cold. I understand that I should consult my physician prior to engaging in this event. I understand that individuals who are pregnant, have poor cardiac functioning, are in poor health, are intoxicated, or suffer from siezures should not participate. I acknkowledge such risks and voluntarily asume all risks associated in any way with participation in the Event. Further, I confirm that my choice to participate in the Event is a free and informed choice. I further acknowledge that the Event may be photographed, filmed and/or videptaped.

NOW THEREFORE IN CONSIDERATION Of participation in the Event, and other good and valuable consideration, the receipt and sufficiency of which is herby acknowledged, I, on behalf of myself, my heirs, successors and assigns, herby release and forever discharge the Greater Ogdensburg Chamber of Commerce and the Ogdensburg Volunteer Rescue Squad and their affilates, associates, respective officers, directors, employees, volunteers, and their successors and assigns jointly and severly from any and all actions, causes of action, contracts and covenants, claims and demands, whether express or implied for damages indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever arising which I heretofore may have had, may now have or may hereinaftrer have in any way relating to injuries or damages sufered by me or to my property as a result of my participation in the Event.

SIGNATURE

By signing this form I acknowledge that I have read and understood the above waiver

Parent or Guardian must sign for paraticipants under the age of 18_____

REGISTRATION BEGINS 11:30 AM SATURDAY, FEBRUARY 18, 2012 VISITOR'S CENTER LOBBY

SPONSOR	ADDRESS	CITY	ZIP	$AMOUNT