

## 2017 Paradise ICE FESTIVAL Polar Plunge Waiver And Release

If you plan on Plunging with us we ask that you read the following Waiver and Release. All Plungers will need to sign a waiver before taking "**The Plunge**". Waivers will be available at the event however, to save time you can print out, sign, and bring the waiver with you to the event. I know that participating in an organized physical event, regardless of the effort, includes an element of risk. I should not enter and participate in the Polar Plunge (hereinafter 'this event') on Saturday, February 25, 2017, unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials or volunteers may authorize necessary emergency treatment for me. I further assume any and all other risks associated with participating in this event including, but not limited to, illnesses, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather (including temperature extremes and humidity) and the surface condition of the parking areas and lake, all such risks being understood and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the foregoing: Whitefish Township, Chippewa County, the State of Michigan, Tahquamenon Falls State Park, Paradise Area Chamber of Commerce and Ice Festival Event officials, volunteers, and any and all other sponsors, suppliers, agents, independent contractors, employees and any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver. You represent and warrant that, in compliance with COPPA, you are over thirteen (13) years of age, and that if you are registering a child under fourteen (14) years of age you are the parent of such child, and do hereby consent to the collection of such child's personal information by Paradise Area Chamber of Commerce.

I also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in this event without liability or obligation to me. Entries cannot be accepted without a valid signature. Entries from minors will only be accepted with a parent or legal guardian's signature.

**PRINTED NAME**

\_\_\_\_\_

**AGE** \_\_\_\_\_

**Signature**

\_\_\_\_\_

*(If under 18 years old)* **Parent's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Date**

\_\_\_\_\_

Total Funds Raised \_\_\_\_\_