



**Registration Form**  
**2010 Penguin Plunge**  
**Special Olympics Vermont**



**Two Easy Ways to Register:** **1. ONLINE:** Register online at [www.PenguinPlunge.org](http://www.PenguinPlunge.org).  
 (or) **2. MAIL-IN:** Complete this form, enclose \$25 and mail it to Special Olympics VT.

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Name Age Date of Birth

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Mailing Address

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City State Zip Code

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Phone Work Email Home Email

**Yes, I'll be a Plunger at:**

- N. Bennington**, Lake Paran Boat Launch  
 Saturday, January 30, 2010 @ 11:00 a.m.  
 \$75 minimum donation + \$25 registration fee = \$100
- Burlington**, Waterfront Park  
 Saturday, February 6, 2010 @ 11:00 a.m.  
 \$150 minimum donation + \$25 registration fee = \$175
- Newport**, Gateway Center  
 Saturday, February 13, 2010 @ 1:00 p.m.  
 \$75 minimum donation + \$25 registration fee = \$100

- I will be plunging as an **INDIVIDUAL**
- OR-**
- I will be plunging as part of a **TEAM**  
 \*Each team member must pay \$25 registration fee and meet the minimum donation for the plunge you will be participating in (Burlington, N. Bennington or Newport).

**Team Name:**  
 \_\_\_\_\_

Opt out of E-mail newsletter

\*Please go to [penguinplunge.org](http://penguinplunge.org) for more information.

**Yes!** I would like my \$25 registration fee to go directly to the SOVT program in my area.  
**Name of Town:** \_\_\_\_\_

**My check for \$**\_\_\_\_\_ **is enclosed** (minimum of \$25 registration fee per plunger; remaining balance due prior to or on day of event).

**Charge my credit card.** \_\_\_ Visa \_\_\_ MasterCard Account #: \_\_\_\_\_ Exp. \_\_\_\_\_

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Signature of Cardholder Date

**Please make checks payable to *Special Olympics Vermont.***  
**Mail form and check to: Penguin Plunge, Special Olympics VT, 368 Ave. D., Suite 30, Williston, VT 05495.**  
 Personal contributions are tax-deductible.

**DON'T FORGET!!!** Fill out the waiver/release form on back. You **will not** be allowed to participate in the Penguin Plunge if we do not have your form!



**SPECIAL OLYMPICS VERMONT  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL  
CONSENT AGREEMENT**

In consideration of participating in the **Special Olympics 2010 Penguin Plunge** , I represent that I understand the nature of penguin 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 the **Penguin 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 Vermont**, Special Olympics Inc., 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 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 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 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.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant (if 18 or older)

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If participant is under age 18)

\_\_\_\_\_  
Date