



ANCIENT ORDER OF HIBERNIANS POLAR PLUNGE

DATE: JANUARY 10TH 2010 (RAIN OR SHINE)
 REGISTRATION TIME: 12:00 IN THE WATER: 1:00
 PLACE: ICHABODS ROUTE 36,
 SEA BRIGHT, NJ
 BENEFIT: PAROCHIAL SCHOOLS SCHOLARSHIP FUNDS
 COST: MINIMUM SPONSORSHIP \$25.00

NAME		
ADDRESS		
CITY	STATE	
EMAIL		
I AM SPONSORING Circle One	Mater Dei	
SPONSOR SHEET		
Make copies if necessary for additional sponsors		
NAME	ADDRESS	SPONSOR AMOUNT
<p>I KNOW THAT A POLAR PLUNGE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER OR PARTICIPATE UNLESS I AM MEDICALLY ABLE. I AGREE TO ABIDE BY THE RULES AND DIRECTIONS OF THE PLUNGE SPONSORS. I ASSUME ALL RISKS ASSOCIATED WITH THIS PLUNGE INCLUDING BUT NOT LIMITED TO THE EFFECTS OF EXTREMELY COLD WATER AND TEMPERATURE ON MY BODY, FALLS AND THE RISKS OF ENTERING THE ATLANTIC OCEAN. KNOWING THE RISKS I, MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF WAIVE AND RELEASE THE ANCIENT ORDER OF HIBERNIANS, THE SCHOOLS PARTICIPATING, ICHABOD'S, THE TOWN OF SEA BRIGHT AND ALL SPONSORS, REPRESENTATIVES AND THEIR SUCCESSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING FROM MY PARTICIPATION IN THIS EVENT OR CARELESSNESS OF THE PERSON NAMED IN THIS WAIVER. IN ADDITION, I GRANT THE ORGANIZORS TO USE ANY PHOTOGRAPHS, AND OTHER MEDIA OF THIS EVENT FOR LEGITIMATE PURPOSES. I KNOW THAT THIS EVENT INVOLVES THE COLLECTION OF PLEDGES. PERSONS UNDER 21 YEARS OF AGE MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN.</p>		

Signature/(Guardian if less than 18 years of age)
 Questions: EMAIL: AOHPOLARPLUNGE@YAHOO.COM

Date: