



**Registration (check one)**

I am a Plunger  Part of Team (list team: \_\_\_\_\_)  I cannot attend, but would like to make a donation of \$ \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Team/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M F

Check the option that best describes you:  Cool Schools  Law enforcement  Corporate  
 SOWA Local Program/Athlete or Area  SOWA Volunteer Individual

**Payment Information:**

I have enclosed \$ \_\_\_\_\_ for my pre-registration/donation (\$25.00 cost to register)

Check enclosed (payable to SOWA)

Credit Card Acct. # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mail Forms:**

**Special Olympics Washington: 2815 2<sup>nd</sup> Avenue, Ste. 370 ~ Seattle, WA 98121**  
**Register online or download pledge forms at: [www.PolarPlungeWA.com](http://www.PolarPlungeWA.com)**

**Refund Policy**

Charitable contributions are non-refundable, and the minimum Polar Plunge Challenge fundraising requirement, including registration deposit, is considered a charitable contribution and is therefore also non-refundable.

**SPECIAL OLYMPICS WASHINGTON RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

In consideration of participating in the Special Olympics Washington, Polar Plunge ("Activity"), I represent that I understand the nature of Polar 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 Polar Plunge events involve risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, 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, Inc., Special Olympics Washington, 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 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.

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Signature of Participant (only if age 18 or over)

\_\_\_\_\_  
Date:

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

## 2021 POLAR PLUNGE CHALLENGE PLEDGE FORM

Use this sheet as a guide to keep track of your donors or make things extra easy and register online!  
 Visit **Polarplunge.com** to create a personal, customizable fundraising page and  
 invite people to donate and join your team!

Contributions may be paid in cash or preferably by check payable to: **SOWA or Special Olympics Washington**

Donations in any amount are appreciated! You can also make credit card donations online at **Polarplunge.com**

Please do not mail cash (turn into a cashier's check), make copies as needed and mail to:

Special Olympics Washington  
 2815 Second Avenue, Suite 370  
 Seattle, WA 98121

Plunger First, Last Name: \_\_\_\_\_

Plunger Team Name/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DONOR NAME	ADDRESS	PLEDGE AMOUNT				
		\$50	\$25	\$10	\$5	OTHER
<b>TOTAL</b>						<b>\$</b>

# 2021 POLAR PLUNGE CHALLENGE ASK CARDS



**PLEASE SUPPORT  
MY 2021 POLAR PLUNGE**

To make a donation to my fundraising efforts, visit:  
[Polarplungewa.com](http://Polarplungewa.com) and click 'Support a Plunger'.

**Thank you for helping me support 19,500 athletes of  
Special Olympics Washington**

---

Plunger Name



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Plunger Name

## 2021 POLAR PLUNGE CHALLENGE RECEIPTS

Please give a receipt to each person who supports you. Special Olympics Washington will automatically issue an official receipt for online donations and for amount over \$250, if contact information is provided.

### Special Olympics Washington Polar Plunge Challenge Receipt

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Plunger Name: \_\_\_\_\_  
Paid By:           Cash           Check

Thank you for your donation. Special Olympics Washington is a 501(c)(3) nonprofit organization. Your donation is 100% tax deductible. Fed Tax ID 91-0962383

### Special Olympics Washington Polar Plunge Challenge Receipt

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
Plunger Name: \_\_\_\_\_  
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