



2024
Polar Dip
for
AROOSTOOK
SPECIAL
OLYMPICS

Sunday
MAY 5, 2024

12:00 noon
11am registration

LONG LAKE
SPORTING CLUB

SPONSORED BY THE
AROOSTOOK COUNTY
KNIGHT OF COLUMBUS



2024 Aroostook County Knights of Columbus Polar Dip for Special Olympics



Please let us know your TSHIRT size early to help us so we may have enough t-shirts on hand and minimize the added expense of ordering additional t-shirts

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____

Dippers must turn in a minimum of \$50 to receive a T-Shirt,

Adult Shirt Size S M L XL XXL (circle one) **Please let us know your size 2 weeks in advance** if you would like your shirt on Dip day, contact Duane Belanger at (207) 231-1932 or via email at dssmaine@roadrunner.com. (Otherwise, your shirt will be mailed to you)

Please, turn this form in at registration on Dip Day,

RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK, & INDEMNITY, & PARENTAL CONSENT AGREEMENT

In consideration of participating in the Aroostook County Knights of Columbus Polar Dip (“Activity”), I represent that I understand the nature of Polar Dip 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 Polar Dip involves 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 the Aroostook Knights of Columbus, Knights of Columbus, 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.

(Parent/Legal Guardian signature if participant under 18) (Participant’s signature)

Date: _____



2024 Aroostook County Knights of Columbus



Polar Dip for Special Olympics

May 5, 2024 LONG LAKE SPORTING CLUB Sinclair, Maine
Registration 11-12pm CHILLING to begin at 12pm

PLEDGE SHEET

(Dipper's Name)

(Council/Assembly/Team Name, if applicable)

(Mailing address)

(City/town)

(State)

(Zip)

Email Address _____

Make checks payable to: Aroostook Knights of Columbus

Sponsor _____ **Amount \$** _____

Address _____

Sponsor _____ **Amount \$** _____

Address _____

Sponsor _____ **Amount \$** _____

Address _____

Sponsor _____ **Amount \$** _____

Address _____

Sponsor _____ **Amount \$** _____

Address _____

Sponsor _____ **Amount \$** _____

Address _____

Sponsor _____ **Amount \$** _____

Address _____

Sponsor _____ **Amount \$** _____

Address _____

Thank you for your support!