

# Minor waiver – Polar Plunge

In consideration of participating in the 2019 Special Olympics Missouri Polar Plunge (“Activity”), I represent that I understand the nature of Activity 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 Activity 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, Inc., Special Olympics Missouri, 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 grant Special Olympics Missouri permission to use my likeness, voice, and words in television, radio, file or in any form to promote activities of Special Olympics Missouri.

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.

Participant Signature

Parent / Guardian Signature

\_\_\_\_\_

\_\_\_\_\_

Name (please print): \_\_\_\_\_

Team: \_\_\_\_\_ (example: 6-1, 7-4, 8-2, etc.)

Lunch Period: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> (please circle one)

1st Lunch (10:55-11:25: middle of 3rd hour)

2nd Lunch (11:30-12:00; end of 3rd hour)

3rd Lunch (12:05-12:30; middle of 4th hour)

4th Lunch (12:30-1:00; end of 4th hour)

**\*This form should be completed and turned in at the WMS main office by Tuesday, December 3rd**