

# INDIVIDUAL REGISTRATION

Tybee Island Polar Bear Plunge 2010

## Registration Form

Tybee Island Polar Plunge

PO Box 1667

Tybee Island, GA 31328

(912) 667-8702

[polarplunge@tybeetime.com](mailto:polarplunge@tybeetime.com)



**Early Registration by DEC. 15, 2009**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: ( ) Male ( ) Female

Adult T-Shirt Size: S M L XL

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

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

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

**Entry FEE: \$25 donation registration by December 15. \$30 late entry after December 15. All proceeds go towards AASU Nurses Scholarship. Check, Money Order, or Paypal online at [www.tybeetime.com](http://www.tybeetime.com).**

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

In consideration of being permitted to participate in any way in the Tybee Island Polar Bear Plunge I, for myself, my personal representatives, assigns, heirs and next of kin:

1. Acknowledge, agree and represent that I understand the nature of this event and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further acknowledge that the activity will be conducted in winter conditions on and in the Atlantic Ocean on Tybee Island, GA. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. Hereby release, discharge, and covenant not to sue the organization, Voiture 567, the City of Tybee Island their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessees, 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 and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

\_\_\_\_\_  
Participant's Signature and Date I HAVE READ THIS RELEASE

\_\_\_\_\_  
Parent/Guardian Signature (if under 18) and Date I HAVE READ THIS RELEASE

How did you hear about this event?

\_\_\_Newspaper \_\_\_Online \_\_\_Radio \_\_\_Television \_\_\_Club/Bar \_\_\_Friend

All proceeds are awarded each year to nurse candidates at Armstrong Atlantic State University.

THANK YOU FOR YOUR SUPPORT OF 40/8 NURSES SCHOLARSHIP. HAVE FUN AND DRESS FUNNY.

### 2010 SPONSORS

