



Town of Stafford Polar Bear Paddy Plunge

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

I, _____, hereby acknowledge that I am voluntarily participating in the Town of Stafford's Polar Paddy Plunge scheduled to take place on March 2, 2024, from 12:00pm – 3:00pm (weather date, Sunday, March 3) at Staffordville Lake Beach (21 Lyons Road), organized by the Town of Stafford and Town of Stafford Event & Celebrations Committee. In consideration for being permitted to participate in this event, I understand and agree to the following:

- **Assumption of Risk:** I am aware that participating in the Polar Plunge involves certain risks and dangers, including but not limited to the risk of injury, illness, or death. I voluntarily assume all such risks and responsibilities associated imposed on me and/or my minor child.
- **Health and Fitness:** I hereby certify that I and/or my minor child am physically fit and have no medical conditions that would prevent my participation in the Polar Plunge. I acknowledge the importance of consulting with a healthcare professional before engaging in any physical activity that may be performed at the Polar Plunge.
- **Emergency Medical Treatment:** In the event of an injury or illness, I authorize event organizers to secure medical treatment or transport me and/or my minor child to a medical facility if necessary. I understand that any medical expenses incurred are my sole responsibility.
- **Photography and Media:** I grant permission for event organizers to use photographs, videos, or other media recordings of me and/or my minor child taken during the Polar Plunge for promotional purposes.
- **Release and Waiver of Liability:** I, on behalf of myself and/or my minor child, my heirs, executors, administrators, and assigns, hereby release, discharge, and hold harmless Town of Stafford, its officers, employees, volunteers, sponsors, and all other persons or entities associated with the event from any and all claims, liabilities, demands, actions, or causes of action whatsoever, whether arising out of negligence or otherwise, for any injury, damage, or loss that may occur to me or my property. 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 LIABILITY WAIVER FORM AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT I AM WAIVING CERTAIN LEGAL RIGHTS THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST THE ORGANIZERS.

By checking the box below, I acknowledge and agree to the terms and conditions outlined in this Liability Waiver Form:

I acknowledge and agree to the terms and conditions.

Participant's Full Name: _____

Participant's Signature: _____

Date: _____

Parent/Guardian Name (if participant is under 18 years old): _____

Parent/Guardian Signature: _____