



2024 Polar Plunge & After Splash Bash at Versailles State Park

FREEZIN' for a reason Fun Run/Walk

**Saturday
February
17th
11:00 a.m.**

Special Olympics
Indiana 

To learn more about the Polar Plunge visit www.soindiana.rod.org/polarplunge

The Freezin' for a Reason Fun 5k Run/3K Walk, part of the wacky winter festivities of Special Olympics Indiana's Versailles Polar Plunge, is a road run/walk through the scenic hills and woods of Versailles State Park that will take you to a spectacular view of Versailles Lake, the official Plunge site. All proceeds from this event benefit Special Olympics Indiana athletes in our community, giving them the means to train locally and to compete at the state level in a number of Olympic-type sports.

Register by Feb. 1st: \$30 Includes finisher's medal, t-shirt and gift bag. (Must receive by Feb. 1)

Register After Feb. 1st/Day of: \$35 Includes finisher's medal and gift bag while supplies last. No t-shirt.

Mail-in Registration: Special Olympics Indiana, 429 Manchester St., Aurora, IN 47001

Make checks payable to: Special Olympics Indiana **Register Online:** WWW.STUARTROADRACING.COM

Day of Registration/Check-in/Bib Pick-up: 10:00 a.m. to 10:45 a.m. at lake boat ramp.

Contact Info: Yvonda Kramer 812-593-0519 or ykramer@soindiana-rod.org

2024 FREEZIN' FOR A REASON FUN RUN/WALK REGISTRATION FORM

I am registering for the **5K Fun Run** ___ **3K Fun Walk** ___

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Age Day of Race _____ Male ___ Female ___

T-Shirt Size: Small ___ Medium ___ Large ___ XL ___ 2X ___ 3X ___

Emergency Contact Name _____ Phone _____

Please sign and date the waiver and release form (separate page) and submit with registration form.



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

In consideration of participating in the **Special Olympics Indiana Polar Plunge and After Splash Bash**, I represent that I understand the nature of the event 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 **Special Olympics Indiana Polar Plunge and After Splash Bash** event involves 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 Indiana**, 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 also grant Special Olympics Indiana permission to use my likeness, image, voice and words on television, radio, film, or in any form to promote activities of Special Olympics Indiana.

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.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date: _____

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