



Freezin' for a Reason

5th Annual Virginia Polar Dip February 4 at 2 p.m.

(NAME)

(ADDRESS)

(CITY, STATE, ZIP)

()

(EMAIL ADDRESS)

(PHONE NUMBER)

Is a certified member of the VIRGINIA POLAR PLUNGE TEAM. All donations will be used to help Camp Sunshine, a retreat for children with life-threatening illnesses and their families. Please give generously. Donations are a significant part of making camp a reality.

***Participants: please check in one hour before the Dip.
Spectators are welcome!***

Rules and Regulations

- Participants must raise a minimum of \$100 in pledges.
- No Pushing! All participants must enter the water of their own volition. Please do not enter the water until asked to do so.
- Participants will plunge their willing bodies into the water. The entire body must be submerged.
- No dry suits or wetsuits. Participants may smear their body with a liberal coating of bear fat. *Note: This may negatively impact your social standing.*
- No 'endurance' contests will be permitted. Participants must jump in and get out. Yelling is optional.

VIRGINIA POLAR DIP WAIVER

Although all precautions are taken to ensure the safety of all participants, participation in this event is at your own risk. Camp Sunshine does not recommend the Virginia Polar Dip for anyone with heart or medical problems and children under the age of 12. Photos of dippers may be used for publicity reasons. Camp Sunshine will not be responsible for any loss or damage. I, _____, agree to participate in the Virginia Polar Dip at my own risk, and agree to hold Camp Sunshine, Staff and Event Sponsors harmless and blameless in the event of injury or death resulting from participation in this event.

Signature of Participant (or guardian if under 18)

Date



RESTON ASSOCIATION WAIVER For Special Lake Use Activity

Activity: 2012 Virginia Plunge

I hereby assume all risk and agree to accept full responsibility and liability for any damages or bodily injuries I or any of my dependents may cause, sustain, or suffer arising out of participation in the above-referenced Activity, including any such damages or bodily injuries occurring during, resulting from, or related to any travel to or from the Activity.

I hereby agree to be fully liable for and I hereby agree to waive and release on behalf of myself and volunteers, and members from any and all injuries, bodily injuries, costs, damages, causes of action, claims and any consequential and incidental damages arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer, or cause as a result of my participation in the above-referenced Activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the Activity.

I further agree to indemnify, reimburse, and forever hold harmless the Reston Association, its Board of Directors, officers, employees, agents, volunteers, and members from any and all injuries, bodily injury, costs, damages, causes of action, claims and any consequential and incidental damages, including attorneys fees, arising out of or resulting from any injury, death, or damage to property which I or my dependent may sustain, suffer or cause as a result of participation in this Activity, including any such injuries, costs, damages, causes of action, claims and any consequential and incidental damages occurring during, resulting from, or related to any travel to or from the Activity.

I am aware of the risks associated with participation in this Activity and hereby accept and assume on behalf of myself or dependent full responsibility for any and all such risks, including, without limitation, the need to check with a physician before engaging in this Activity, including any physical activity associated with this Activity. I understand that participation in this Activity may involve activities where injury can occur and shall be undertaken at my sole risk and expense. I hereby certify that I am physically fit and have not been otherwise informed by a physician. I understand that Reston Association does not employ physicians and that its staff cannot and do not diagnose medical problems.

I further represent that I or my dependent currently have and carry health insurance and agree that any claim for medical treatment or other purposes shall be made against such health insurance and that my own or dependent's own personal health insurance shall be primary insurance and the primary source of health insurance coverage in the event that I or my dependent sustain or suffer any bodily injury or medical crisis which participating in this Activity.

I acknowledge that I have read and voluntarily agree to the terms of this Indemnification and Waiver. If any portion of this Indemnification and Waiver shall be held invalid for any reason under the laws of the United States, Virginia, or Fairfax County, those parts that are not held invalid shall continue in full force and effect.

In addition, I promise to abide by the rules and regulations adherent to this Activity or event and to exercise care and caution for my personal safety and that of my fellow participants. I understand that Reston's lakes are not managed for water quality and that I will enter the lake at my sole risk. I understand further that Reston's pathways may have irregularities and I have familiarized myself with these conditions.

Participant

Date: _____

Parent or Guardian Waiver

I am the parent or guardian of _____, a minor, and on the minor's behalf and on my behalf and on behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of this form as inducement for allowing my child, or this minor, to participate in the above named activities or event(s). I further authorize any emergency medical care, which may be necessary. I represent and warrant that I have the authority to give this release.

Parent/Guardian

Date: _____