



\*Minimum \$50 in pledges to participate

[illegible]

FOR OFFICE USE ONLY

NHHA Registration Number: \_\_\_\_\_

For more information: 905-372-6811 ext 3640



TOTAL PLEDGED

6. \_\_\_\_\_

TOTAL COLLECTED

\_\_\_\_\_

# 2015 Northumberland Hills Hospital Auxiliary Polar Bear Dip Liability Release Form

YOU MUST READ, SIGN AND CHECK OFF MEDICAL CLEARANCE WAIVER TO PARTICIPATE IN THE POLAR BEAR DIP.

In volunteering to participate in the Polar Bear Dip, I hereby agree that this activity is and shall be at my own risk against all casualties to myself or my property and that I willingly take all risks of any kind. I further release, discharge and free to hold the Northumberland Hills Hospital Auxiliary, the Northumberland Hills Hospital, Town of Cobourg, Cobourg Winter Festivities Committee and all sponsors, and indemnify them against all actions, claims, and demand of every nature and kind whatsoever which I, or my heirs, executors, administrators might initiate, whether by negligence, default or misconduct of the sponsors of the Polar Bear Dip themselves, agents, servants, members or otherwise howsoever. I declare that I am in sufficiently good health to participate in the Polar Bear Dip. If the participant is under the age of 18, Parent/Guardian must consent to the minor's participation in the event.

☐ I have a medical clearance from my doctor to participate in the Polar Bear Dip

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

Date of Birth: \_\_\_\_\_

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

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

\_\_\_\_\_  
(full address)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, please contact:

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

Phone Number: \_\_\_\_\_



For more information: 905-372-6811 ext 3640

**FOR OFFICE USE ONLY**

NHHA Registration Number: \_\_\_\_\_