

2010 Northumberland Hills Hospital Auxiliary Polar Bear Dip Pledge Sheet Sunday, February 14 1pm Cobourg Beach

ADDRESS

EMAIL ROGER.DALY@SYMPATICO.CA TO REGISTER

*Minimum \$50 in pledges to participate

CITY/TOWN

POSTAL CODE

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tival	NORTHUMBERLAND HILLS HOSPITAL
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PHONE NUMBER

SPONSOR'S NAME STREET ADDRESS CITY/TOWN POSTAL CODE AMOUNT PLEDGED **AMOUNT COLLECTED** WAIVER ON REVERSE MUST BE READ, COMPLETED AND SIGNED IN ORDER TO PARTICIPATE IN THE POLAR BEAR DIP **TOTAL PLEDGED** TOTAL COLLECTED FOR OFFICE USE ONLY NHHA Registration Number:



2010 Northumberland Hills Hospital Auxiliary Polar Bear Dip Liability Release Form



YOU MUST READ, SIGN AND CHECK OFF MEDICAL CLEARANCE WAIVER T	O PARTICIPATE IN THE POLAR BEAF	R DIP.
all risks of any kind. I further release, discharge and free to hold the Nort tival Committee and all sponsors, and indemnify them against all actions initiate, whether by negligence, default or misconduct of the sponsors sufficiently good health to participate in the Polar Bear Dip. If the participate in the Polar Bear Dip.	thumberland Hills Hospital Auxilian s, claims, and demand of every nature of the Polar Bear Dip themselves pant is under the age of 18, Parent	on risk against all casualties to myself or my property and that I willingly take by, the Northumberland Hills Hospital, Town of Cobourg, Cobourg Winter Fewere and kind whatsoever which I, or my heirs, executors, administrators might, agents, servants, members or otherwise howsoever. I declare that I aming Guardian must consent to the minor's participation in the event.
I have a medical clearance from my doctor to participate in the Po	olar Bear Dip	
Participant Name :	(please print)	
Date of Birth:		
Address:		
	(full a	address)
Signature:		
Date:		
Parent/Guardian Name:	(please print)	
Signature:		
Date:		
In case of emergency, please contact:		FOR OFFICE USE ONLY
Name:	(please print)	NHHA Registration Number:
Phone Number:		EMAIL ROGER.DALY@SYMPATICO.CA TO REGISTER