

2012 Northumberland Hills Hospital Auxiliary Polar Bear Dip Pledge Sheet Saturday, February 18 | 1pm | Cobourg Beach

*Minimum \$50 in pledges to participate

NAME	ADDRESS		CITY/TOWN	POSTAL CODE	PHONE NUMBER
Star 1					
SPONSOR'S NAME	STREET ADDRESS	CITY/TOWN	POSTAL CODE	AMOUNT PLEDGED	AMOUNT COLLECTED
WAIVER ON REVERSE MUST BE READ, COMF	TOTAL PLEDGED	TOTAL COLLECTED			
FOR OFFICE USE ONLY			cobourg fer		
NHHA Registration Number:					
		A U X I L I A R Y	-		

2012 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:		
Address:		
	(full	address)
Signature:		
Date:		
Parent/Guardian Name:	(please print)	
Signature:		
Date:		NORTHUMBERLAND HILLS HOSPITAL
		AUXILIARY Junga 1
In case of emergency, please contact:		FOR OFFICE USE ONLY
Name:	(please print)	NHHA Registration Number:
Phone Number:		