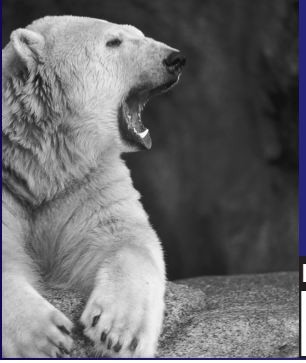


2014 Northumberland Hills Hospital Auxiliary Polar Bear Dip Pledge Sheet
Saturday, February 15 | 1pm | Cobourg Beach

*Minimum $50 in pledges to participate

NAME	ADDRESS	CITY/TOWN	POSTAL CODE	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

FOR OFFICE USE ONLY

NHHA Registration Number:_____

Northumberland Hills Hospital Auxiliary

cobourg winter festivities

TOTAL PLEDGED	TOTAL COLLECTED

2014 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)

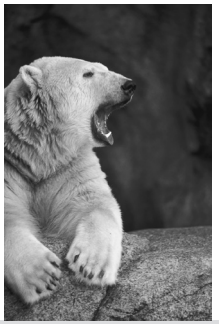
Signature:_____

Date:_____

In case of emergency, please contact:

Name:_____(please print)

Phone Number:_____



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