RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND PARENTAL CONSENT (Do not sign without reading)

In exchange for permission for me and/or my minor child (Activity) in, WI. I re	to participate in the Special Olympics Wisconsin Polar Plunge 2020 present that:
permanent disability, paralysis and death, which may be cathe conditions in which the Activity takes place, or the neg	and that the Activity involves risks of serious bodily injury, including aused by my own actions, or inactions, those of other Activity participants, gligence of the "RELEASEES" named below; and that there may be other his time. I acknowledge that if I and/or my minor child believe event iately discontinue participation in the Activity.
*I CONSENT TO THE PARTICIPATION OF MY MINO a participant.)	OR CHILD. (This applies only if my minor child's name is shown below as
*I FULLY ACCEPT AND ASSUME ALL SUCH RISKS minor child incur as a result of my and/or my minor child'	AND ALL RESPONSIBILITY for losses, costs, and damages I and/or my s participation in the Activity.
respective administrators, directors, agents, officers, volun applicable, owners and landlords of premises on which the from all liability, claims, demands, losses, or damages that	NOT TO SUE Special Olympics Wisconsin, Special Olympics, Inc., its teers, and employees, other participants, any sponsors, advertisers, and, if Activity takes place (each considered one of the "RELEASEES" herein), I and/or my minor child suffer which are caused or alleged to be caused in ntional conduct) of the RELEASEES or otherwise, including negligent
	CSS each RELEASEE from any loss, liability, damage, or cost which any and assumption of risk, I or anyone on my and/or my minor child's behalf,
	as not as broad as it is, the cost for my participation in the event would be rably higher cost, I waive the right to bargain for different waiver of liability
PARENTAL CONSENT (collectively "Agreement"), UNI GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THE assurance of any nature. No Releasee or person on behalf the terms of this Agreement. I understand that, in reliance	ABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT, AND DERSTAND THESE TERMS AND UNDERSTAND THAT I HAVE IS AGREEMENT, and have signed it freely and without any inducement or of any Releasee has told me anything that is inconsistent with or contrary to upon my signature on this form, voluntarily given, I may be permitted to implete and unconditional release of all liability to the greatest extent allowed alid, the balance shall continue in full force and effect.
*DO NOT SIGN this Release and Waiver form unless you	understand and accept the terms stated above.
Print name of Participant here	Date
Signature of Participant (if age 18 or over)	Signature of Custodial Parent/Legal Guardian For self and any other parent/guardian (If participant under age 18)
Witness to Above Signature	