



## PARTICIPANT REGISTRATION FORM

- Yes, I am participating in DA YOOPER POOPER TOILET TROT OUTHOUSE RACE at 10:30am**

Registration: minimum \$75.00 fundraising entry fee per team of three  
Da Yooper Pooper Registration Form must also be completed for each team

Team Name: \_\_\_\_\_

Individual Participant Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

- Yes, I am participating in DA YOOPER PLUNGE at 12:00pm**

Registration: minimum of \$50.00 fundraising entry fee per plunger

Team Name (if applicable): \_\_\_\_\_

Participant Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

- Yes, I am participating in DA YOOPER CHILL-Y COOK-OFF at 1:00pm**

Registration: minimum of \$25.00 fundraising entry fee per CHILL-Y chef

Participant Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PARTICIPANT SIGNATURE (for all events):** \_\_\_\_\_

Please make checks payable to: Da Yooper Plunge

**Please drop off entry forms to:**

River Cities Community Pool  
ATTN: Karie Nelson  
1125 University Drive  
Marinette, WI 54143

**Please mail entry forms to:**

Da Yooper Plunge  
PO Box 742  
Menominee, MI 49858

**PARTICIPANT RELEASE AND WAIVER OF LIABILITY**

**All participants must review the below waiver prior to plunging. Any participant under the age of 18 must be with a parent or guardian and have written parent or legal guardian consent. By signature below, participants accept the waiver terms and waive all liabilities.**

**ASSUMPTION OF RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY OR DEATH AND INDEMNITY AGREEMENT (HEREAFTER "RELEASE")**

SINCE THE ACTIVITIES (HEREINAFTER "PLANNED ACTIVITIES") TO BE ENGAGED IN THROUGH RIVER CITIES COMMUNITY POOL ASSOCIATION, INC. HAS/HAVE THE POTENTIAL TO BE DANGEROUS, AND THEREFORE REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISKS BY SIGNING THIS DOCUMENT.

The PLANNED ACTIVITIES include, but are not limited to participating in **Da Yooper Plunge** and jumping into the freezing waters of the Bay of Green Bay.

The undersigned PARTICIPANT, whose signature appears at the end of this RELEASE, hereby agrees as follows:

PARTICIPANT certifies that to the best of PARTICIPANT's knowledge, PARTICIPANT has no physical or mental condition which would interfere with PARTICIPANT's ability to participate in the planned activities or that would endanger PARTICIPANT's health or safety.

PARTICIPANT FULLY UNDERSTANDS AND VOLUNTARILY ACCEPTS THE FACT THAT THE PLANNED ACTIVITIES HAVE THE POTENTIAL TO BE DANGEROUS AND THAT:

- a. There are risks and dangers associated with participation in the above activity which could result in bodily injury, partial and/or total disability and/or death.
- b. The physical, mental, and economic losses and/or damages which could result from those risks and dangers described above could be severe.
- c. These risks and dangers may be caused by the action, inaction, negligence or carelessness on the part of any of RIVER CITIES COMMUNITY POOL ASSOCIATION, INC. and/or any of its officers, agents, servants or employees (hereafter "The Released Parties").
- d. There may be other risks not known or reasonably foreseeable at this time.

IN CONSIDERATION of permitting PARTICIPANT to enroll in and participate in the PLANNED ACTIVITIES, PARTICIPANT agrees for himself or herself and his or her family, heirs, executors, administrators and assigns, and all others, that PARTICIPANT voluntarily releases, discharges and promises not to sue any of The Released Parties for any claims for personal injury or wrongful death occurring to PARTICIPANT and which in any way arises out of PARTICIPANT's participation in THE PLANNED ACTIVITIES, including but not limited to any activities incidental thereto, wherever or however it may occur and whether it is caused by the negligence or carelessness, or otherwise, of The Released Parties or any one of them.

PARTICIPANT further agrees, for himself or herself, and his or her family, heirs, executors, administrators and assigns, that in the event any claims for personal injury or wrongful death shall be prosecuted against The Released Parties in contravention of the terms of this Release, PARTICIPANT shall indemnify, save and hold harmless The Released Parties from and against any and all claims made for personal injuries or wrongful death, including attorney's fees incidental thereto, whether caused by the negligence, carelessness, or otherwise, of The Released Parties or any one of them.

If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

It is the intention of PARTICIPANT by this document to relieve The Released Parties from any responsibility for and from personal injury or wrongful death whether caused by the negligence, carelessness, or otherwise, of The Released Parties or any one of them.

PARTICIPANT UNDERSTANDS THAT HE/SHE IS ASSUMING ALL RISKS INHERENT IN THE PLANNED ACTIVITIES, WHETHER KNOWN OR UNKNOWN TO PARTICIPANT, AND THAT BY SIGNING THIS DOCUMENT PARTICIPANT IS WHOLLY GIVING UP HIS/HER RIGHT AND THAT OF HIS/HER FAMILY, HEIRS, ADMINISTRATORS, EXECUTORS AND ASSIGNS TO SUE ANY OF THE RELEASED PARTIES FOR ANY REASON.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF ALL OF THE ABOVE PROVISIONS AND FURTHER AGREE THAT NO ORAL STATEMENTS, REPRESENTATIONS, OR INDUCEMENTS OF ANY KIND APART FROM THIS AGREEMENT HAVE BEEN MADE TO ME.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed