



In Your Shoes, a giving circle
3rd ANNUAL

POLAR PLUNGE

Registration Form

What? Participants will plunge into Lake Chauncy; Westborough EMS dive team members will be on hand to ensure everyone's safety.

Why? To raise funds for *In Your Shoes*, a giving circle and 501(c)(3) non-profit organization that provides emergency funds to Westborough residents in need.

When? Saturday December 3, 2011 2:00 pm to 4:00 pm

Where? Lake Chauncy, Lyman Street

Cost? \$100 entrance fee per plunger. A plunger must be 18 years of age or older to participate.

Plunge **solo** or, suggest a friendly **team** competition with family, friends, co-workers or neighbors. Prizes for best costume, team spirit, highest individual & team \$\$\$ raised.

Not a plunger? We welcome volunteers to help at the event.

Register/Fundraise online at www.firstgiving.com/inyourshoeswestborough

Questions? Contact: Karen Ross via e-mail rosskaren@yahoo.com or phone 508.353.7158.

POLAR PLUNGE, *In Your Shoes, a giving circle*, LIABILITY WAIVER (PLEASE PRINT LEGIBLY)

NAME _____ ADDRESS _____

PHONE _____ EMERGENCY# _____ EMAIL ADDRESS _____

INDIVIDUAL _____ TEAM _____ TEAM NAME _____

ANY MEDICAL/PHYSICAL PROBLEMS? _____

I, the undersigned, do hereby consent to my participation in event approved by the Town of Westborough. I also agree to forever release *In Your Shoes, a giving circle* and the Town of Westborough and all their employees, agents, board member, volunteers and any and all individuals and organizations assisting or participating in this event of the Town of Westborough ('the Releasees') from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in *In Your Shoes, a giving circle* event or the Town of Westborough. I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from my participation in *In Your Shoes, a giving circle* event or the Town of Westborough. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in this event is voluntary and that I am free to choose not to participate in said event. By signing this Form, I affirm that I have decided to allow my participation in *In Your Shoes, a giving circle* event with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in this event.

Signed: _____ Date _____

Parent/Guardian Signature _____ Date _____

Fee: minimum \$100 per plunger. Checks make payable to: *In Your Shoes*:: PO Box 19 :: Westborough, MA 01581