



5K RUN TO THE PLUNGE



A 5K run/walk during the Lewes Polar Bear Plunge Weekend Festival benefiting the athletes of Special Olympics Delaware.

The 2024 event will offer both an **in-person** and **virtual** option.

IN-PERSON

Saturday, February 3, 2024
10:00 a.m. race start on the boardwalk
Receive a long-sleeve event t-shirt

\$30 registration fee through January 14
\$35 registration fee January 15 through race day

VIRTUAL

Choose your own date and route
Receive your event t-shirt in the mail
Make a difference in the lives of our athletes

\$25 registration fee

For more information on the 5K Run to the Plunge, or to register online, please visit plungede.org

Please submit completed form, including signed waiver and payment, to Special Olympics Delaware

Mail to: Special Olympics Delaware, 619 S. College Ave, Newark, DE 19716

Fax to: 302-831-3483

Scan/Email to: info@sode.org

IN-PERSON RUNNER (*chip-timed*) IN-PERSON WALKER (*not chip-timed*) VIRTUAL

Participant First & Last Name: _____

Email: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Are you a member of Law Enforcement? YES NO

DOB: _____ Age on Race Day: _____ Gender: Female Male Prefer to Self-Identify
(02/03/2024)

At what pace (approx.) do you plan to complete the 3.1 mile course?
 Less than 10 min/mile Between 10 - 12 min/mile More than 12 min/mile

Emergency Contact: _____ Emergency Phone: _____

T-Shirt Size: **Youth** M L **Adult** S M L XL 2XL 3XL

PAYMENT

\$30 Registration Fee (in-person) Additional Donation: \$ _____ Total Payment Due: \$ _____
\$25 Registration Fee (virtual)

Cash or check enclosed (Please make checks payable to Special Olympics Delaware)

Credit Card # _____ Exp. Date _____ / _____

Name on Card: _____ Sec. Code: _____ Billing Zip: _____



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SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the 2024 5K RUN TO THE PLUNGE, I represent that I understand the nature of the event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand the event involves risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Delaware, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account and/or that of my minor child caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I also give my permission for photographs or video taken at the event in which my image, or the image of any of my minor children appears, to be used for promotional and/or advertising purposes by Special Olympics Delaware, without compensation to me or my minor children.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ Date: _____

Signature of Participant: _____
(If participant is age 18 or older)

Signature of Parent/Guardian: _____
(If participant is under age 18)