



## Can you *bear* it?

Join us IN-PERSON or VIRTUALLY!

**Two ways to Plunge. One great mission.**

No matter *how* you Plunge, what's most important is *that* you Plunge.

Proceeds from the Lewes Polar Bear Plunge benefit the athletes of Special Olympics Delaware, so the coldest moment of your life will support the biggest moment of theirs.

### TO PARTICIPATE...

- Decide whether you will join us in-person or virtually. You can Plunge into the Atlantic Ocean on Sunday, February 1, OR you can Plunge in your backyard, schoolyard...anywhere!
- Submit the Pre-Registration Form (on next page) with your registration fee via mail, fax, or email.  
Mail: Special Olympics Delaware, 619 S. College Ave., Newark, DE 19716  
Fax: 302.831.3483                      Email: [plungede@sode.org](mailto:plungede@sode.org)
- Minimum fundraising requirement per Bear is \$100. Collect donations from family, friends and/or businesses.
- Turn in all offline funds to the Special Olympics Delaware office, or bring to event check-in.
- Waiver Form (last page) must be completed by all Bears. For Bears under the age of 18, the form must be signed by a parent or guardian.
- Please Note: The deadline to register with a deposit is Tuesday, January 27 at midnight. Beginning Wednesday, January 28, the registration fee increases to \$125 and there is no deposit option.



Prefer to register and raise funds online? Consider taking advantage of our quick and easy online registration process at [www.plungede.org](http://www.plungede.org).

Open the camera on your phone and hover over the QR code to the right to open the online registration website.

**QUESTIONS?**

[plungede@sode.org](mailto:plungede@sode.org)

302.831.4653

**PLUNGEDE.ORG**





# 2026 Plunge Registration Form

First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other Date of Birth (MM/DD/YYYY): \_\_\_\_\_

☐ I am a first-time Polar Bear. ☐ I am a repeat Polar Bear (I have Plunged before).

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

If part of the Cool Schools Challenge, which school are you affiliated with? \_\_\_\_\_

Sweatshirt Size (please circle one) **Adult** S M L XL 2XL 3XL **Youth** M L

What is your relationship to Special Olympics Delaware (SODE)?

☐ Athlete ☐ Volunteer/Coach ☐ Family Member ☐ Law Enforcement ☐ School ☐ Just a Supporter  
☐ Other: \_\_\_\_\_

## PAYMENT INFORMATION

Register with a **\$20 deposit**, committing to raise an additional \$80 by Plunge Day (\$100 total minimum fundraising requirement). - **OR** - Register with the full **\$100 registration fee** up front.

**Please Note:** The deadline to register with the deposit option is **Tue, January 27** at midnight. Beginning **Wed, January 28**, the registration fee increases to \$125 and there is no deposit option.

I have enclosed \$ \_\_\_\_\_

☐ Check enclosed (payable to Special Olympics Delaware)

☐ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Submit this completed form to Special Olympics Delaware via mail, fax, or email.**

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

Fax: 302.831.3483

Email: [plungede@sode.org](mailto:plungede@sode.org)

**PLUNGEDE.ORG**



## WAIVER FORM

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

In consideration of participating in the **2026 SPECIAL OLYMPICS DELAWARE LEWES POLAR BEAR 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 that the Polar Bear Plunge 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.

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PRINT POLAR BEAR NAME

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Signature of Participant (only if participant is age 18 or over)

DATE

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Signature of Parent/Guardian (if participant is under age 18)

DATE