



MAKE A SPLASH AT THE LADACIN PLUNGE 2023

in support of the J. Michael Hartnett Memorial

Plunger's Name (Print) _____

Street Address _____ City _____ State _____ ZC _____

Phone _____ Email _____

Team Name (optional) _____

Waiver and Release of Liability

(please read and sign)

I agree that I am entering and participating in the *Plunge for LADACIN Network* on Saturday, January 14, 2023, of my own free will.

I am medically able to participate.

I agree to abide by the decision of any event official relative to any matter.

I authorize event officials to provide and request emergency medical treatment for me.

I assume any and all other risks associated with participating in the event, including but not limited to illness, traveling to or from the event, falls, contact with spectators or other participants, the effects of the weather (including the temperature extremes and humidity), and the surface and subsurface condition of the roads, sidewalks, water, and water bed, all such risks being understood and appreciated by me.

In consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Borough of Manasquan and LADACIN Network, all subsidiaries, affiliates, assigns, representatives, volunteers, successors of LADACIN Network including event officials, volunteers, and any and all other sponsors, suppliers, agents, independent contractors, employees or any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of such persons or parties.

By participation in this event, I am granting permission to you to use my name, likeness, voice and words in television, radio, firms, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities.

Signature _____ Date _____

Signature of Parent/Legal Guardian if under age 18:

_____ Print Name _____ Date _____



Administrative Offices:

1703 Kneeley Boulevard, Wanamassa, NJ 07712 732-493-5900 / Fax 732-493-3287