MAKE A SPLASH AT THE
LADACIN PLUNGE 2026
January 17, 2026

in support of the
J. Michael Hartnett Memorial

Plunge Information:
Registration Fee is $25
If you raise a minimum of $100, your $25 registration fee is waived.
Plungers who raise at least $100 receive a complimentary Plunge event shirt.
Supplies are limited.

Event Details:
10:30 am - Registration
Leggett's Sand Bar & Restaurant, 217 First Avenue, Manasquan, NJ

12:30 pm - Plunge into Ocean
Manasquan Main Beach
All Plungers are required to sign a Waiver before taking the plunge.
Mail in completed Waiver with registration.

LADACIN Plunge - Registration
Deadline is January 15, 2026

____ **I will pay $25 plunger registration fee**

____ **I will fundraise to cover my registration fee**
To create your own fundraising page,
visit the Plunge event page on LADACIN.org.

For online registration, payment, fundraising and/or to sign waiver please scan QR Code.

Plunger's Name_____ Team Name (optional) _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Enclosed is payment in the amount of $ _____ .

Please make checks payable to LADACIN Network.

Mail to:
LADACIN Network
Attn: Community Relations
1703 Kneeley Boulevard
Wanamassa, NJ 07712

I am unable to participate, but would like **to make a monetary contribution** to LADACIN Network. Enclosed is my gift of $ _____.

To make a donation online, visit LADACIN.org, click on Donate. Under "special purpose for this donation" indicate Plunge.

LADACIN
LIFETIME ASSISTANCE FOR DEVELOPMENTAL AND CHALLENGING INDIVIDUAL NEEDS
N E T W O R K

Thank you for your support!

For more information contact the Community Relations Department,
email communityrelations@ladacin.org or 732-493-5900 option 8.

All donations are tax-deductible according to IRS regulations Federal ID #21-0674715 - Charities Registration #CH00225-00

2026 Waiver and Release of Liability

Plunger's Name (Print)_____

Street Address _____City _____ State _____ Zip _____

Cell _____ Email _____

Team Name _____

I agree that I am entering and participating in the *Plunge for LADACIN Network* on Saturday, January 17, 2026, 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 _____