

Ancient Order of Hibernians
Vol. Patrick Torphy Monmouth County

St. James Polar Plunge
Sunday January 13, 2013
12:00pm Arrival, 1:00 in Water
Surf Rider Beach Club, Sea Bright, NJ

Sign Up To Dive In!!

Participant's Full Name: _____

Participant's Email: _____

Participant's Phone Number: _____

Relationship to SJS

(student-please include homeroom; parent, friend, etc. – please include student name & homeroom):

Registration Fee (\$25.00) _____ Cash or Check No _____

Not Plunging But Want to Sponsor Someone?

Who are you Sponsoring/Participant's Name: _____

Your Name: _____

Your Email: _____

Your Phone Number: _____

SJS Student *(please include homeroom)* You Are Sponsoring: _____

Donation Amount: _____ Cash Check No: _____

All Checks payable to AOH

Send completed form to St James Business Office c/o Polar Plunge 30 Peters Place Red Bank, NJ

Questions: Jerry Doherty jerrydoherty40@gmail.com

LEGAL DISCLAIMER

I know that the Polar Plunge is a potentially hazardous activity. I should not enter or participate unless I am medically able. I agree to abide by the rules and directions of the plunge sponsors. I assume all risks associated with the plunge including but not limited to effects of extreme cold water and temperature on my body, falls and risks of entering the Atlantic Ocean. Knowing the risks, I myself and anyone entitled to act on my behalf waive and release the Ancient Order of Hibernians, All schools, the town of Sea Bright and all sponsors, representatives and their successors from all claims of liabilities of any kind arising from my participation in this event or the carelessness of the person named in this waiver. In addition, I grant the organizers to use any photographs and other media of this event for legitimate purposes. I know this event involves the collection of pledges. Persons under 21 years of age must be accompanied by a parent or guardian.

Sponsorship Tracking Form

Use this sheet to collect multiple sponsorships for yourself. Be sure to collect sponsorships as they are received. Feel free to use multiple sheets.

Name	Phone Number	Form of Payment	Amount of Sponsorship
			\$
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TOTAL COLLECTED			\$