

# POLAR JAM RAIL JAM

**DATE:** Saturday, February 19th, 2011

**TIME:** 3:00 PM (Check in and late-registration at 1:00 PM)

**WHERE:** Cravath Lakefront Parking Lot 341 S. Fremont St. Whitewater, WI 53190

**SPONSORSHIP DONATION:** \$30.00 Minimum **Additional Donation:** \$ \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

Entry Form: (check one) [ ] Skier [ ] Snowboarder

Experience Level: (check one) [ ] Intermediate [ ] Open

Payment Type: (check on) [ ] Cash [ ] Check \*make checks payable to Freeze Fest

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All participants under the age of 18 will require parent/guardian consent. Registration will be available on the day of the event starting at 1:00 PM. Helmets are REQUIRED in order to participate.

Additional donations to Special Olympics are welcome.

**HOLD HARMLESS AGREEMENT AND RELEASE OF CLAIMS FOR VOLUNTARY PARTICIPATION IN THE  
POLAR JAM RAIL JAM EVENT**

The below signed, in consideration of being permitted to participate in the Polar Jam Rail Jam event ("Event"), do hereby voluntarily agree to assume all of the risk and responsibilities surrounding my participation in the Event. I do for myself, my heirs and personal representatives, hereby agree to defend, hold harmless, indemnify, release and forever discharge the Special Olympics-Wisconsin, University of Wisconsin-Whitewater, Downtown Whitewater Inc., and the City of Whitewater and their respective officers, agents, employees, members and volunteers from and against any and all claims, demands, actions or causes of actions of any sort on account of damage to personal property, personal injury or death which may result from my participation in the Event. I further understand that any costs that I may incur for medical treatment of illness or injury from my participation shall be my sole responsibility.

I hereby waive the right I have to bargain for different waiver of liability terms.

I understand that not all risks can be foreseen and there are some risks which are predictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries or other losses. I am aware of the risks of participation, which include, but are not limited to, physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the City of Whitewater, University of Wisconsin-Whitewater, Downtown Whitewater Inc., and Special Olympics-Wisconsin. I shall accept termination of the participation in this event by the City of Whitewater, University of Wisconsin-Whitewater, Downtown Whitewater Inc., and Special Olympics-Wisconsin; with no refund of fees and accept responsibility if I fail to maintain acceptable standards of conduct as established by the City of Whitewater, University of Wisconsin-Whitewater, Downtown Whitewater Inc., and Special Olympics-Wisconsin. I know, understand, and accept the risks that are inherent in the Event. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

I have read and executed this document with full knowledge of its significance.

IN WITNESS WHEREOF, I have caused this hold harmless agreement and release to be executed this \_\_\_\_\_ day of \_\_\_\_\_,

2011.

\_\_\_\_\_  
Name of Participant (Please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Parent or Guardian of Participant  
(If under 18)

\_\_\_\_\_  
Signature of Parent or Guardian