



REGISTRATION FORM	SHIRT SIZE
NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE	EMAIL ADDRESS
Do not have a medical prob	lem which would restrict you from participating in the Plunge.
We are not responsible for	any problems which may arise from the plunge.
nature of plunging events and that I and participate in such event. I acknowledge discontinue participation in the activity	Cape May County Police & Fire Chicken Plunge, I understand the d/ or my child are qualified, in good health and in proper condition to e that if the event conditions are unsafe, I and/or my child will . I fully understand that plunging events involve risks or serious bodily death, which may be caused by my own actions or inactions.
administrators, directors, officers, volumplace from all liabilities, or damages on negligence of the Releases. I will indem liability, damage, or cost which may incliability, assumptions at risk, and indem that I have given up substantial rights be assurance of any nature and intend it be extent allowed by law and agree that if	wood and the Cape May County Policed & Fire Emerald Society, it inteers, sponsors, The Knights of Columbus, on which activity takes my account caused or alleged to be caused in whole or in part by the nify, safe and hold harmless each of the Releases from any loss, cur as result of such a claim. I have read this release and waiver unity agreement, and Parental Consent Agreement, understanding by signing it and have signed it freely and without any inducement or e a complete and unconditional release of all liability to the greatest any portion of this agreement is held to be invalid the balance, orce and effect. Ten [10] Minutes maximum time permitted in the
I AGREE	I DECLINE
SIGNATURE	