







REGISTRATION FORM

NAME			
ADDRESS			
CITY, STATE, ZIP			
PHONE			
	Do not have a medical proin the plunge	blem which would restric	ct you from participating
	We are not responsible for	r any problems which ma	ly result form the plunge
SIGNATURE			
good health and in proper physical counsafe, I and/or my child will discont	e Fallen Hero Polar Plunge, I understan ondition to participate in such activity. I a inue participation in the activity. I fully u may be caused by my own actions or ina	cknowledge that I and/or my child be nderstand plunging events involve ris	elieve that in the event conditions are
Pub, on which activity takes place, fro part by the negligence of the Release incur as result of such of claim. I hav Agreement, understand that I have gi nature and intend it be a complete an	dwood and the Fallen Hero Polar Plungo om all liability, claims, demands, losses, es, I will indemnify, safe and hold harmle e read this release and waiver liability, a iven up substantial rights by signing it a nd unconditional release of all liability to alance, notwithstanding, shall continue in	or damages on my account caused o ess each of the Releases from any loss essumptions at risk, and indemnity ag nd have signed it freely and without a the greatest extent allowed by law ar	or alleged to be caused in whole or in s, liability, damage, or cost which may greement, and Parental Consent ny inducement or assurances of any
	I AGREE		I DECLINE









FUND RAISING WORKSHEET

This worksheet is a tool to help you keep track of your requests for support.

Thank you for your support of **Fallen Heroes**; www.FallenHeroPlunge.com

		AMOUNT				
#	NAME	\$5	\$10	\$20	OTHER	
1						
2						
3						
4						
5						
6						
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