

PTTP Steering Committee,
And the City of Austin, Minnesota
Waiver and Release

Please read carefully before signing.

1. I wish to participate in the Plunging for Pink Event (the "Activity") sponsored by PTTP Steering Committee, using public property in Austin Minnesota (PTTP & City).
2. My participation in the Activity is voluntary. I acknowledge that participating in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I know and am aware of all the dangers associated with my participation in the Activity and with such knowledge assume any and all such risks while participating in the Activity including but not limited to injuries that may result from jumping in freezing cold water and the effects of the extreme cold weather.
3. To the best of my knowledge I am physically fit and have no physical or medical conditions that would prevent me from participating in the Activity. I acknowledge that the PTTP recommends that prior to participating in the Activity, I should first consult with my physician and abide by any limitations set by my physician.
4. I understand and agree that neither the PTTP or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or other damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the PTTP or any person acting on behalf of the City.
5. I agree to defend, indemnify and hold harmless PTTP and the City for any expense or liability the PTTP or City may incur as a result of my conduct, actions or omissions while participating in the Activity.
6. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
7. I have read the above and understand the legal significance of signing this document.

Name (Please Print)

Street Address

Signature

City, State, Zip

Date

NOTICE: Participants under eighteen (18) years of age must have this waiver and release co-signed by their parent or legal guardian.

I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activity. I have read and understand the above waiver and release of liability and I agree to be bound by the terms stated therein.

Parent/Guardian Signature

Date