

Parent or Guardian Information:

(if Plunger is under 18 years of age)

Mr. Dr. First Name: _____ Last Name: _____
 Mrs. Ms.
 Miss Relationship: _____ Telephone: _____

Parent or Guardian's Signature: _____

Plunger's Name:

#:

Please send 60% of my pledges to:

Non-Profit Group or Organization Information:

Name of Organization: _____

Project Name (If applicable): _____

Cheque Payable To: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Website: _____

Contact Information: _____

Mr. Dr. First Name: _____ Last Name: _____
 Mrs. Ms.
 Miss Title/Position: _____ E-mail: _____

Telephone (Home): _____ Telephone (Bus.): _____

Please tell us a little about your designated organization and why you are raising funds for them:

Waiver and Release from Liability:(Guardian is to sign if plunger is under 18)

In volunteering to participate, I hereby agree that this activity is and shall be at my own risk against all casualties to myself or to my property and that I take all risk of every kind. I realize that plunging into freezing water in the middle of winter is inherently dangerous and I hereby release and discharge the Rotary Club of Penetanguishene, Ontario Inc, their members, officers, and/or directors, their heirs, administrators, executors, or assigns, of and from all claims, demands, damages, actions or event for or on account of any loss damage or injury to me, my person or property while so participating other than any such loss or damage or injuries be caused by negligence, default, or misconduct by the Rotary Club of Penetanguishene, its members, officers and directors.

By signing this form, I acknowledge having read, understood and agreed to the above rules and Waiver and Release from Liability. I warrant that I am physically fit to participate in this event.

Plunger's or Guardian's Signature: _____

Rotary Club Use Only:

Date	# of Sheets	Pledge Total	Amount Collected	Amount Owing
Totals				