

# The Courage Polar Bear Dip

For World Vision



Polar Bear Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Will only be used for Polar Bear Dip info)

**How Did You Hear About The Event?** (check all that apply)

Newspaper  TV/Radio  Lawn/Mobile Sign  Social Media  Other \_\_\_\_\_

Sponsor	Address	City/ Province	Postal Code	\$ Amount	Receipt Needed
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Money raised from this event will be donated to World Vision Canada | Charitable Registration #11930 4855 RR0001

Donations of \$20 or more are eligible for a tax receipt (please check box & enter full mailing address)

Please make cheques out to: **World Vision Canada**  
Please include all cash and/or cheques with this form

Total Amount Raised \$ \_\_\_\_\_

Registration Fee \$25.00

Grand Total \$ \_\_\_\_\_

(PLEASE BRING EXACT CHANGE)

**Waiver** Courage Brothers Productions Inc. intends to hold The Courage Polar Bear Dip event for World Vision (the "Event") on January 1, 2017. I, along with others, will be provided with the opportunity to participate in the Event, which will include entering into and/or swimming in Lake Ontario. There are health risks associated with going into Lake Ontario. The temperature of the water and the surrounding environment may be extremely cold and the lake is polluted. I understand that I should consult my physician prior to engaging in this event. I understand that individuals who are pregnant; have poor cardiac functioning; are in poor health; are intoxicated; or suffer from seizures should not participate. I acknowledge such risks and voluntarily assume all risks associated in any way with participation in the Event. Further, I confirm that my choice to participate in the Event on January 1, 2017 is a free and informed choice. I further acknowledge that the Event may be photographed, filmed and/or videotaped.

NOW THEREFORE IN CONSIDERATION OF participation in the Event, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself, my heirs, successors and assigns, hereby release and forever discharge Courage Brothers Productions Inc. and World Vision and their respective parent subsidiaries, affiliates, associates, related corporations, and their respective officers, directors, employees, volunteers, servants, agents and their successors and assigns jointly and severally from any and all actions, causes of action, contracts and covenants, claims and demands, whether express or implied for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever arising which I heretofore may have had, may now have or may hereinafter have in any way relating to injuries or damages suffered by me or to my property as a result of my participation in the Event.

Signature

www.polarbeardip.ca

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By signing this form I acknowledge that I have read and understood the above waiver

Parent or Guardian must sign for participants under the age of 18

January 1st 2017