SPECIAL OLYMPICS KENTUCKY
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, PARENTAL CONSENT AGREEMENT, AND MEDIA RELEASE FORM("AGREEMENT")

In consideration of participating in the Special Olympics Kentucky Lake Cumberland Polar Plunge ("Activity"), I represent that I understand the nature of the Polar Plunge and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the Polar Plunge event involve risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Kentucky, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I grant permission to Special Olympics Kentucky to use my name, likeness, voice and/or words ***(in the form of digital or print photographs, audio or video recordings, transcripts or testimonials) for television, radio, films, newspaper, magazine, websites, social media or in any other medium for the purpose of publicizing and/or promoting Special Olympics and its events and/or or appealing for funds to support the activities of Special Olympics and hereby disclaim any and all claims to ownership of, copyright in and/or moral rights in any such content).

I Agree (Circle one): YES NO

I understand that while Special Olympics Kentucky will make every effort to respect the privacy of our participants and volunteers who decline consent, there is often media coverage of events in which I or my child/ward participate. SOKY cannot completely avoid the possibility that I or my child/ward are depicted such instances. If I choose, I Do Not Agree, it is my responsibility to contact SOKY staff at the event to be provided a DO NOT PHOTOGRAPH sticker to be worn prominently on my outermost layer of clothing.

I Agree (Circle one): YES NO

_____	_____	_____
Print Name	Signature *(only if age 18 or over)*	Date
_____	_____	_____
Print Name	Parent/ Legal Guardian Signature *(if participant under age 18)*	Date

Email:_____ Team Name:_____ Shirt Size:____

Street Address:_____ City, State, Zip:_____

Gender:_____ Birth Date:_____ Employer:_____

Are you a returning participant? (Circle one): YES NO

Are you a Special Olympics Kentucky Athlete? (Circle one): YES NO