



COMMUNITY SUPPORT CENTRE POLAR SPLASH

Proceeds to The Lakeshore Community Food Pantry and CSC Programs and Services

8th Annual!

NOVEMBER 20, 2016

Polar Bear: _____
(please print)

Street: _____

Town: _____

Postal Code: _____

Phone Number: _____

Age: _____

Parent's Signature: _____

(If under 16—parent must be at the beach)

I WILL:

Take the Splash

Only Collect Pledges



Note: You must be registered to take the splash. Jumper registration will take place at the Belle River Legion on the day of the Splash.

Students can earn from 1 - 4 Community Service Hours!



Come out and watch your friends "Splash Down" from the Belle River Beach West Side.

POLAR BEAR SPLASH PROGRAM

Between 11:30 am to 12:45 pm Bring money and pledge form to the Belle River Legion Branch 399.

12:45 pm Bus departs from the Legion for Belle River Beach (west side).

1:00 pm Polar Splashers group together.

1:05 pm **SPLASH DOWN!**

1:30 pm Return to the Legion for entertainment, lunch and prizes.

QUESTIONS? CONTACT THE COMMUNITY SUPPORT CENTRE

Phone: 519-728-1435
Toll Free: 1-855-728-1435
Address: 499 Notre Dame St
Belle River, ON N0R 1A0

COMMUNITY SUPPORT CENTRE CENTRE de SUPPORT COMMUNAUTAIRE



RELEASE OF INFORMATION and LIABILITY, WAIVER OF CLAIMS and PHOTOS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM INDEMNITY AGAINST COMMUNITY SUPPORT CENTRE, ITS STAFF AND ASSOCIATES AND THE SPONSORS AND USE OF ANY/ALL PHOTOS OF THE POLAR SPLASH.

ASSUMPTION OF RISKS

I am aware that my participation in this recreational activity held November 22nd 2015 involves risks and dangers including but not limited to use of and/or exposure to sporting and/or recreational equipment, natural or "person" made, environmental and/or physical conditions, negligence of others, and/or negligence on the part of The Community Support Centre Of Essex County its staff and associates and the sponsors of the POLAR SPLASH. I freely accept and fully assume all such risks and dangers and the possibility of personal injury, death, property damage and loss resulting there from.

I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may have or may in the future against The Community Support Centre Of Essex County, its staff and associates and the sponsors of the Polar Splash, (all of whom are hereinafter collectively referred to as "THE RELEASEES") and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation or my presence at The Community Support Centre Of Essex County event due to any cause whatsoever, **INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES;**

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and/all liability for damage to property of, or personal injury to, any third party resulting from my participation in The Community Support Centre Of Essex County, Polar Splash.

TO EXEMPT THE AGENCY FROM MONETARY CLAIMS for use of any/all photos taken the day of the Polar Splash event and subsequently used in other media type ads by the agency for promotional purposes in the future.

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;

In entering into this agreement I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

I have read and understand this agreement. I am aware that by signing this agreement I am waiving certain legal rights, which I or my heirs, successors, executors or administrators, may have against the Releasees.

PLEASE NOTE: This waiver must be completed by each participant and accompany the registration form.



Signed this day: _____
MM/DD/YYYY

Print name clearly _____

Signature of Participant _____



COMMUNITY SUPPORT CENTRE - POLAR SPLASH NOV 20, 2016

Pledge Sheet

Please make cheques payable to:
COMMUNITY SUPPORT CENTRE
499 Notre Dame St, PO Box 885, Belle River ON, N0R 1A0

Receipts will be issued for amounts of **\$20.00 and over**, only if **full name and address are legible**.

PLEASE PRINT all information clearly including postal code.
 For extra pledge sheets contact Tracey Bailey at 519-728-1435.

- Between 11:30 am to 12:45 pm** Bring money and pledge form to the Belle River Legion Branch 399.
- 12:45 pm** Bus departs from the Legion for Belle River Beach (west side).
- 1:00 pm** Polar Splashers group together.
- 1:05 pm** **SPLASH DOWN!**
- 1:30 pm** Return to the Legion for entertainment, lunch and prizes.

Name and Address of Sponsor	Amount Pledged	Amount Collected
SPONSOR NAME: _____ STREET: _____ TOWN: _____ POSTAL CODE: _____ PHONE NUMBER: _____		
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TOTAL AMOUNT COLLECTED		



COMMUNITY SUPPORT CENTRE - POLAR SPLASH NOV 22,2015

Pledge Sheet

Please make cheques payable to:
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