2022 ST. PAT'S PLUNGE Pledge Form

REGISTRATION INFORMATION

Plunger

Address

City State Zip

Phone

Email

Make checks payable to the **Scituate St. Patrick's Parade, Inc.** and bring with you on the day of the event!

DONOR NAME	ADDRESS	PLEDGE AMOUNT				
		$50	$25	$10	$5	OTHER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Get $100 or more in pledges and receive an Official St. Pat's Plunge Towel! **PLEDGE TOTAL**

SPONSORED BY SCITUATE ST. PATRICK'S PARADE, INC.

Waiver and Release: In consideration of participating in the St. Pat's Plunge, I, the undersigned, represent that I understand the nature of the event. I represent that I am, and my minor children participating are, qualified to participate in the event. I acknowledge that I have been advised to consult with a physician prior to participation. I fully accept and assume all risks and all responsibility for losses, costs and damages that I incur in connection with my participation, or the participation of my minor children, in the event. I hereby release from all liability, discharge and covenant not to sue: Scituate St. Patrick's Parade, Inc. and its administrators, directors, agents, volunteers, and employees; the St. Patrick's Parade Committee; other participants; sponsors; advertisers; the owners and lessors of the premises on which the event takes place; and the Town of Scituate. I understand that I am releasing all claims, demands, losses or damages of any kind, whether sustained by me or my minor children.

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.

X _____

Signature of Participant or Parent/Guardian Signature

_____

Date