



**Auxiliary To The
Campbellford
Memorial Hospital**

146 Oliver Road
Campbellford, ON
K0L 1L0

POLAR BEAR DIP (PLUNGE) LIABILITY RELEASE FORM

I, _____
(print name)

OF, _____

Full address _____

Email address: _____

In consideration of being allowed to participate in the Polar Bear Plunge on Saturday, January 24, 2026 at the Lion's Beach (Lion's Club Community Park) in the Municipality of Trent Hills, in the County of Northumberland, in the Province of Ontario, I release the Municipality of Trent Hills, the Trent Canal Authority, the Lion's Club, the Auxiliary to Campbellford Memorial Hospital, and Campbellford Memorial Hospital and all officers, directors and members of such organizations, from any claims, actions, causes of actions and demands whatever against the foresaid corporations, organizations, officers, directors and members, my heirs, executors, administrators or assigns or any of them can, shall or may be have as a result of my participation in this Polar Bear Dip (Plunge). **I declare that I am at least eighteen years of age and I confirm that I am in good health*.**

***If you are between the ages of 16 and 18 years**, you must have parental or legal guardian consent to participate in the Polar Plunge.

As parent/legal guardian, I have read and understand the waiver and am granting permission to participate in the Polar Plunge.

DATED at the Municipality of Trent Hills this 24th day of January 2026

IN WITNESS WHEREOF I have set my hand and seal

PARTICIPANT (parent/legal guardian: see above*) _____(seal)

WITNESS _____

In emergency, please contact:

Name _____

Phone # _____