



# MAKE A SPLASH AT THE LADACIN PLUNGE 2022

in support of the J. Michael Hartnett Memorial

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## LADACIN Plunge - January 15, 2022

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### Plunge Information:

Registration Fee is \$25.

If you raise a minimum of \$100, this includes your \$25 fee, then your registration fee is waived.

Plungers who raise at least \$100 receive a complimentary Plunge event shirt. Supplies are limited.

### Event Details:

#### **10:30 am - Registration**

Leggett's Sand Bar & Restaurant, 217 First Avenue, Manasquan, NJ

#### **12:30 pm - Plunge**

Manasquan Main Beach

*Modifications to the event may be made to reflect current safety protocols.*

All Plungers are required to sign a Waiver before taking the plunge.

Mail in completed Waiver with registration.

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For more information contact Cathy Claps, Community Relations Department,  
email [communityrelations@ladacin.org](mailto:communityrelations@ladacin.org) or 732-493-5900 ext. 263.

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## LADACIN Plunge - Registration

[Deadline is January 10, 2022](#)

I will pay \$25 plunger registration fee

I will fundraise to cover my registration fee

To create your own fundraising page, visit the Plunge event page on LADACIN.org.

Plunger's Name \_\_\_\_\_ Team Name (optional) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is payment in the amount of \$ \_\_\_\_\_ .

I am unable to participate, but would like to make a monetary contribution to LADACIN Network.

Enclosed is my gift of \$ \_\_\_\_\_ .

To make a donation online, visit LADACIN.org, click on Donate. Under "special purpose for this donation" indicate Plunge.

**Please make checks payable  
to LADACIN Network.**

**Mail to:** LADACIN Network

Attn: Community Relations

1703 Kneeley Boulevard

Wanamassa, NJ 07712

**Thank you for your support!**

All donations are tax-deductible according to IRS regulations Federal ID #21-0674715 - Charities Registration #CH00225-00



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**LADACIN PLUNGE 2022**  
in support of the J. Michael Hartnett Memorial

Plunger's Name (Print) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZC \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Team Name (optional) \_\_\_\_\_

## Waiver and Release of Liability

(please read and sign)

**I agree that I am entering and participating in the *Plunge for LADACIN Network* on Saturday, January 15, 2022, of my own free will.**

I am medically able to participate.

I agree to abide by the decision of any event official relative to any matter.

I authorize event officials to provide and request emergency medical treatment for me.

I assume any and all other risks associated with participating in the event, including but not limited to illness, traveling to or from the event, falls, contact with spectators or other participants, the effects of the weather (including the temperature extremes and humidity), and the surface and subsurface condition of the roads, sidewalks, water, and water bed, all such risks being understood and appreciated by me.

In consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Borough of Manasquan and LADACIN Network, all subsidiaries, affiliates, assigns, representatives, volunteers, successors of LADACIN Network including event officials, volunteers, and any and all other sponsors, suppliers, agents, independent contractors, employees or any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of such persons or parties.

By participation in this event, I am granting permission to you to use my name, likeness, voice and words in television, radio, firms, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian if under age 18:

\_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Administrative Offices:

1703 Kneeley Boulevard, Wanamassa, NJ 07712 732-493-5900 / Fax 732-493-3287