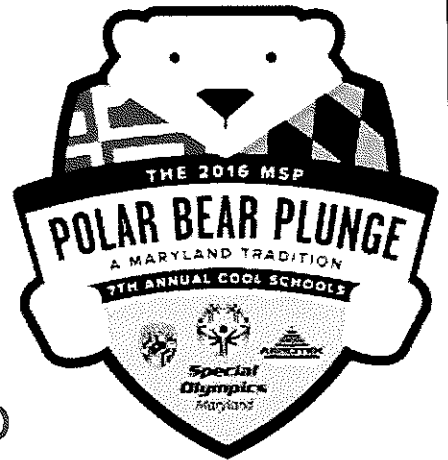


JOIN THE PLUNGE TRADITION!

7th Annual Cool Schools Plunge

January 28th 2016

Sandy Point State Park, Annapolis MD



The Cool Schools Plunge is an event designed exclusively for school teams who want to brave the bay and support Special Olympics Maryland! With just \$50 in pledges, all participants will receive a commemorative 7th Annual Cool Schools Plunge shirt, a complimentary lunch and the great feeling of freezing their fur off for a truly worthy cause! The more money Plungers raise, the more cool stuff they get!

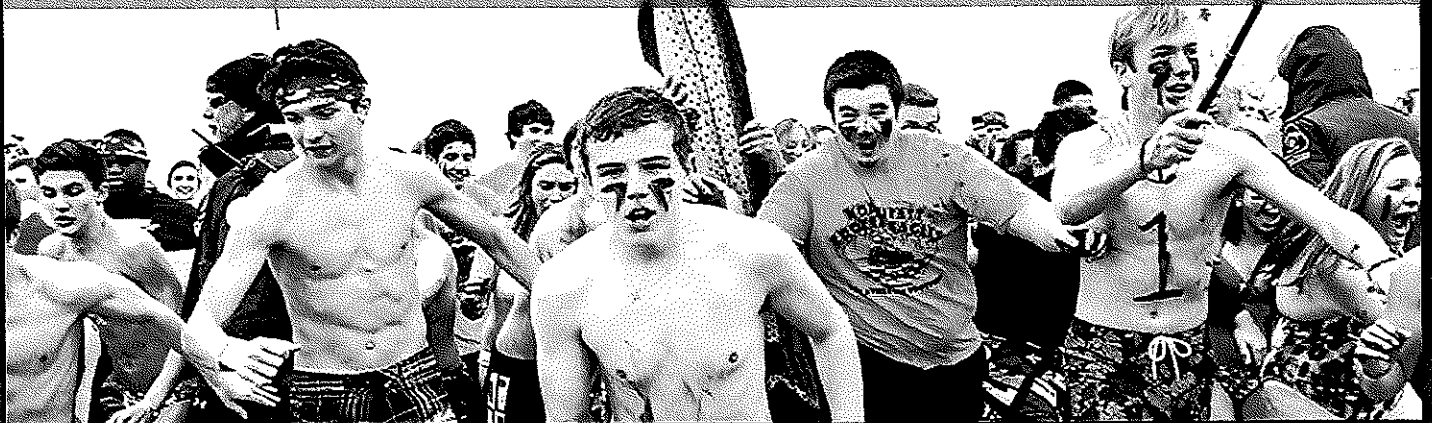
Contact coolschools@somd.org or 410-242-1515 for more information!

All proceeds benefit Special Olympics Maryland

**Special
Olympics**
Maryland



A MARYLAND TRADITION



WWW.COOLSCHOOLSMD.COM



Linganore High School Student Government Association Cool School Challenge Thursday, January 28, 2016



Part of the Polar Bear Plunge

Proceeds benefit the Special Olympics Maryland & Unified Sports

Take the Cool School Challenge part of the 20th Annual MSP Polar Bear Plunge!
Chill out for Special Olympics and be a part of the coolest event around.

What is the Polar Bear Plunge?

It's considered a ritual, a rite of passage, and even an institution. It creates smiles and laughter, anticipation and pride. It's an experience unlike any other. The Cool School Challenge is in its 7th year. This is a plunge event designed exclusively for schools. It provides a safe environment for young plungers and is a great opportunity to promote our school and lead the charge against bullying. Plungers travel to Sandy Point State Park and bravely plunge into the Chesapeake Bay!

How do I join the Linganore Lancers team?

It's easy! Visit www.coolschoolsmd.com and click the red register here tab at the top left. Read & agree to the event waiver and click "I agree". Click on the second button, "Join a Team". Under Locate a team, highlight Frederick County and then click Select. Scroll through pop up list and select "Linganore Lancers". You will need to read & agree to the waiver again. You will be asked to enter your name, select a password, and provide your basic information. Now you're registered as a member of the Lancer Team!

What does a team member do?

Once you are registered you will need to pick-up a team packet from Mr. Brown. This will contain all the information you need to take part in the Cool School Challenge. Every team member is challenged to raise as much as possible to help Special Olympics Maryland and Unified Sports. Our overall team goal is \$2,000. Donations can be entered on the team member's page or collected by the team member. All pledges should be paid prior to the event. Students who raise at least \$50 will be eligible to attend the plunge on Thursday, January 28th. There is only space for our top 40 fundraisers.

What happens on Plunge Day?

That day our team will travel by bus to Sandy Point State Park. Participants will have a chance to experience disability awareness and social justice presentations while preparing for the coldest fun of their lives. Lots of activities, including lunch, will happen in the Fun Zone prior to the plunge. At Noon it's time to **Take the Plunge!!!**

Is it Safe?

Yes! The plunge is a supervised and safe event for all. Certified divers keep their eyes on every plunger in the water. The event is staffed by a joint law enforcement committee led by the Maryland State Police. Heated tents keep students comfortable when changing and during post-Plunge.

Participant Name: _____

Username: _____
(the one you created on-line for the Plunge)

Age: _____ Grade: _____ Period One: _____

Address: _____

Phone: _____ Email address: _____

To be eligible to attend the plunge, team members must raise at least \$50

Release/Waiver: I the undersigned, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, claims, and actions for damages that I may have, or that may hereafter accrue to me against Frederick County Public Schools, Linganore High School, and LHS Student Government including all units and councils, ad all of their officers, directors, members and volunteers. I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an event of this type. Further I grant permission for the use of any photography or recording of this event for legitimate purposes.

Participant Printed Name

Signature

Date

I am the legal guardian of Participant and hereby consent to his/her participation. I have read the foregoing release and agree on behalf of myself and the Participant to its terms.

Parent/Guardian's Printed Name

Signature

Date

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

In consideration of participating in the Special Olympics Maryland Cool Schools Challenge, I represent that I understand the nature of the Cool Schools Challenge events 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 Cool Schools Challenge events involve risks of serious bodily injury, including 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 *Maryland*, 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.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date: _____

Signature of Parent/Legal Guardian
(if participant under age 18)

I give my permission for photographs taken at the event in which my image, or the image of any of my minor children appears, to be used for promotional and/or advertising purposes by Special Olympics Maryland, Inc., without compensation to me or my minor children.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date: _____

Signature of Parent/Legal Guardian
(if participant under age 18)



PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached field trip description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip. (2) Complete the school portion (top half) of form.
 (3) Duplicate one form per student. (4) Send a copy home for parent and student signatures.

Date(s) of Trip: January 28, 2016 Destination: Sandy Point State Park

Purpose: Cool School Challenge - Special Olympics

SUPERVISION: (Check one.)
 Students will be directly supervised by adults on this trip at all times.
 Students will be directly supervised by adults on this trip with the following exceptions:

TRANSPORTATION BEING PROVIDED: (Check all that apply.)
 Walking School Bus Commercial Carrier Personal Vehicle
 Leased Vehicle County Vehicle None (provide own)

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)
 Student Parent Teacher or Staff Member Other Adult

RISK RELATED (Check all that apply.)
 Swimming Pool Amusement or Theme Park Beach or Ocean
 Other (list activity) _____

STUDENT AGREEMENT

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance and will abide by the FCPS Student Code of Conduct. I will follow directions at all times.

_____ Student Signature _____ Date

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this field trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to potential risk of injury. I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip to the extent indicated by my signature below. I also understand that participation in the field trip will involve activities off school property; therefore, neither the Board of Education of Frederick County, nor its employees and volunteers, will have any responsibility for the condition or use of any non-school property.

PARENT PERMISSION (Check all that apply.)
 Participation in all aspects of this trip.
 Participation in all aspects of this trip, except the amusement and theme park activities.
 Participation in all aspects of this trip, except the water-related activities.

I give permission for _____ to participate in this field trip.

_____ Parent Signature _____ Date

COMPLETED BY SCHOOL COMPLETED AT HOME



FIELD TRIP PERMISSION

Dear Parents/Guardians:

On Thursday / 1/28/16, our class will take a field trip to Sandy Point State Park for the Cool School Challenge. The students and I are excited about this valuable opportunity to extend our classroom studies and enhance our knowledge of Special Olympics / disabilities.

Frederick County Public Schools makes every effort to assure student and staff safety on field trips. We do not anticipate unusual travel risks. However, due to security concerns in our nation, we are requiring that all students return the permission form below inclusive of providing contact information.

Transportation will be provided by: School bus

Please complete the form below and return it to school by 1/25/16

Students who do not submit a signed permission form will not be allowed to go on the field trip. If you have any questions, please do not hesitate to call.

Best regards,

Teacher's name & phone number

_____ has my permission to participate in the field trip to Sandy Point State Park (Cool School Challenge) on Thursday, 1/28/16.

I understand the Frederick County Public Schools/Board of Education and its employees, agents, and volunteers cannot be held responsible for events or conditions beyond their control. I am aware that all Board of Education student conduct policies are in effect for this activity.

Parent's Signature _____ Student's name _____
Home Phone _____ Cell Phone _____
Employer/Company Name _____ Work Phone _____
Date _____