

2015 Polar Plunge PLUNGE 5K

WHAT

Looking for a “cool” way to beat the winter blues? Switch off your treadmill and head outside for the fifth annual Plunge 5K! This family-friendly walk/run is a great way to embrace the chilly weather, boost your energy level, and warm your heart by supporting the more than 8,000 athletes of Special Olympics Minnesota. Plus, you’ll receive a rad shirt for your efforts!

USATF - Certified Course #MN11024RR

WHEN

Saturday, March 7, 2015

Race begins at 8 a.m.

Plunge from 9-9:30 a.m.

WHERE

Thomas Beach, Lake Calhoun

Thomas Ave S and West Calhoun Pkwy

Minneapolis, MN 55417

PACKET PICK-UP OPTIONS

Friday, March 6, 4–7:30 p.m.

Minneapolis Plunge Site

Saturday, March 7, 7-8:30 a.m.

Race site (Lake Calhoun) - in the big tent

PLUNGE 5K REGISTRATION

plungemn.org/activities/minneapolis-plunge-5k/

Early bird registration (until Thursday, January 1):
\$25 per person for race

Thursday, January 1 - race day:
\$30 per person for race

DASH & SPLASH

If you’re looking for a more “extreme” form of exhilaration, consider adding a little “splash” to your “dash!” This means, you will walk/run the 5K and then Plunge into Lake Calhoun. Participants plunging into the frigid waters must raise a minimum of \$75. This is completely separate from the 5K fee.

Remember, if you want to dash and splash, you must register for the Plunge 5K and the Minneapolis Plunge; two separate events and registrations.

CONTACT

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REGISTRATION FORM — You can also register online! Visit plungemn.org/activities/minneapolis-plunge-5k/

Last Name: _____ First Name: _____

Age on Race Day: _____ Gender: M F

Phone: (_____) _____ Shirt Size: S M L XL XXL

Street Address: _____

City: _____ State: _____ Zip: _____

Participant Email: _____ Participant Fundraising Goal: (optional) _____

Waiver: *I understand that running a road race is a potentially dangerous activity. I do hereby waive and release any and all claims for damages that I may incur as a result of my participation in this against Special Olympics Minnesota and all sponsors, employees, volunteers or officials of these organizations. I further certify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Plunge 5K I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.*

Participant Signature: _____ Date: _____

Guardian Signature (if participant is under 18) _____ Date: _____

Please mail entry form with payment (\$30, checks payable to Special Olympics Minnesota) to:
Special Olympics Minnesota, ATTN: Plunge 5K, 100 Washington Avenue S, Suite 550, Minneapolis, MN 55401