

# 2016 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!

## WHEN

**Saturday, February 20, 2016**

Race begins at 9 a.m.

Plunge from 10-10:30 a.m.

## WHERE

**Lakewalk behind Canal Park Lodge**

250 Canal Park Drive

Duluth, MN

## PACKET PICK-UP OPTIONS

**Friday, February 19, 5–7 p.m.**

Grandma’s Sports Garden

452 South Lake Ave

**Saturday, February 20, 8–9 a.m.**

Race site (Lakewalk behind Canal Park Lodge)

## PLUNGE 5K REGISTRATION

[plungemn.org/activities/duluth-plunge-5k/](http://plungemn.org/activities/duluth-plunge-5k/)

\$35 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

**Megan Powell**

megan.powell@somn.org

800.783.7732, ext. 285

## REGISTRATION FORM — You can also register online! Visit [plungemn.org/activities/duluth-plunge-5k/](http://plungemn.org/activities/duluth-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: Duluth Plunge 5K, 100 Washington Avenue S, Suite 550, Minneapolis, MN 55401