



# 2017 POLAR PLUNGE 5K

## what

Looking for a “cool” way to beat the winter blues? Switch off your treadmill and head outside for Duluth 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 8,200 athletes of Special Olympics Minnesota. Plus, you’ll receive a rad shirt for your efforts!

## when

**Saturday, February 18, 2017**

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

**Friday, February 17, 5 - 7 p.m.**

Grandma’s Sports Garden - 452 South Lake Ave

**Saturday, February 18, 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

## contact

**Megan Powell**

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## 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, 900 2nd Ave S, Suite 300, Minneapolis, MN 55402