



# 2018 POLAR PLUNGE 5K

## WHAT

Looking for a “cool” way to beat the winter blues? Switch off your treadmill and head outside for the Duluth Polar 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 17, 2018**

Race begins at 9 a.m.

Plunge begins at 2 p.m.

## WHERE

**Lakewalk behind Canal Park Lodge**

250 Canal Park Drive

Duluth, MN

## PACKET PICK-UP

**Friday, February 16, 5 - 7 p.m.**

Grandma’s Sports Garden - 452 South Lake Ave

**Saturday, February 17, 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

**Kean Corkery**

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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/)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Age on race day: \_\_\_\_\_ Gender: M F Shirt size: S M L XL XXL

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

**(if participant is under 18)**

\*\* Please mail entry form with payment (\$35, checks payable to Special Olympics Minnesota) to:  
**Special Olympics Minnesota, ATTN: Duluth Plunge 5K, 900 2nd Ave S, Suite 300, Minneapolis, MN 55402**