



The Wounded Warrior 'Feeling Long Lakey' Polar Bear Plunge

Saturday, December 27, 2025

For the benefit of the: Wounded Warrior Project – To honor and empower wounded warriors.
Long Lake, NY

Requirements

- Under 18 must have signed permission from parent or guardian
- All dippers must sign waiver
- Registration **10:30am-11:30am**** Adirondack Hotel, Plunge takes place at 12pm from Long Lake Town Beach. Registration closes at 11:45am PLEASE COME EARLY
- There are NO med checks this year. All plungers plunge at their own risk.
- All monies collected must be turned in at the time of registration. All checks must be made out the **"The Wounded Warrior Project"**
- Each dipper **MUST** wear **shoes** to protect your feet in the water and out.
- No alcoholic beverages allowed or permitted on the Long Lake Town Beach during event

Things to remember: - Pack a **towel** and water shoes - Wear swimsuit under your clothes-or costume if you so choose! - Bring easy to get into warm clothes (and shoes) for after the Plunge. **TOWELS!**

Changing permitted at the Long Lake Town Beach Bathroom. These are smaller bathrooms.

We will have a warm bus/holding area at the plunge. Plungers will plunge in the order they arrive and register. Teams may plunge together. Plungers and/or teams will plunge one at a time.

Minimum of \$25 per person donation to plunge.

All checks payable to **Wounded Warrior Project**.

On-line donations can be made at mylonglake.com/polar-plunge – there is a direct link to the Wounded Warrior Fundraising Page for the event.

No DIVING.

Remove eyeglasses.

Bring a plastic bag for wet clothes, and somewhere to store your dry clothes.

Bring your own TOWELS!

HAVE FUN! AND THANK YOU SO MUCH! We appreciate your bravery and participation!

Awards:

- Individual raising the most money
- Team raising the most money
- Best Plunge Technique
- Best Plunge Costume
- Most Original Team

'Feeling Long Lakey' Wounded Warrior Polar Plunge

Assumption of Risk and Release of Liability

This form must be read and signed before the participant is allowed to take part in: 'Feeling Long Lakey' Wounded Warrior Polar Bear Plunge

Participants Name: _____ Date of Birth: _____

IN CONSIDERATION for being permitted to participate in the **'Feeling Long Lakey' Wounded Warrior Polar Bear Plunge**, I acknowledge, appreciate, and agree that:

1. I am a guest on the property of the Town of Long Lake and have no expectation or understanding that the Town of Long Lake owes me any duty of care or duty to warn me of any hazards or dangers on the property.
2. The risk of injury from the activity is significant, including the potential for permanent disability and death, and while personal discipline will minimize this risk, the risk for serious injury does exist;
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons release from liability below and assume full responsibility for my participation, and;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and the next of kin, HEREBY RELEASE AND HOLD HARMLESS, Town of Long Lake the owners and lessors of premises used to conduct the 'Feeling Long Lakey' Wounded Warrior Polar Bear Plunge activities and its sponsors including Long Lake Fire Department, Long Lake Rescue Squad, Town of Long Lake Employees and beneficiaries, their family members, officers, officials, volunteers, agents and/or employees ["Releasees"], with respect to any and all injury, disability, death, or less damage to person or property, whether caused by the negligence of the releasees or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed _____

Signature _____

Address _____

City _____ State _____ Zip _____

EMERGENCY Contact Name: _____

Telephone Number(s): _____

Home Address: _____



Saturday, December 27, 2025

**I pledge to donate the amount of money I have designated to the “Plunger” stated below, to benefit the Wounded Warrior Project. It will be handed in at the registration desk at the plunge. Checks should be made payable to:
Wounded Warrior Project.**

Name _____

Name	Amount	Paid
TOTAL FOR PAGE		

Name	Amount	Paid
TOTAL PER PAGE		

TOTAL AMOUNT RAISED: _____

Feel free to use multiple sheets as needed.