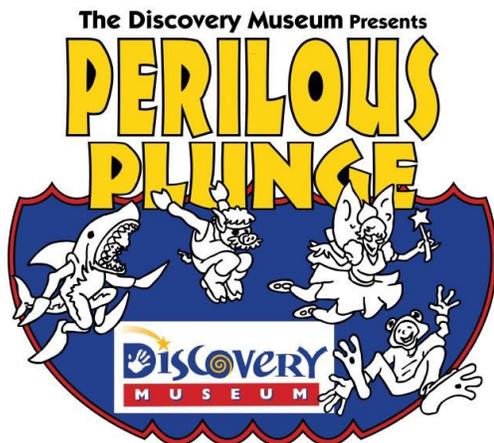


Plunger Registration Form



As soon as you decide to Take the Plunge,
Please mail this form to:

Discovery Museum
612 G Street #102
Eureka, CA 95501

Yes! I will take the Plunge! (Plungers must be at least 18 years old.)

Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email Address: _____

Company/Team Name: _____

(If you are plunging as part of a team - not required)

WAIVER OF LIABILITY (Please read and sign below)

I have voluntarily elected to participate in the Discovery Museum's Perilous Plunge on February 6th, 2016. I fully understand that this involves jumping into the waters of Humboldt Bay. In consideration of the acceptance of my participation into the Perilous Plunge, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter occur to me, to discharge the Discovery Museum, its officers, officials, employees and volunteers, and any others involved with the Discovery Museum from, and against, any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons mentioned above.

I further understand that accidents and injuries can arise out of the event. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and their assigns.

I hereby affirm that I fully understand the preceding paragraphs and volunteer to participate at my own risk.

Signature: _____ **Date:** _____