



# PLUNGE 5K

Presented by Law Enforcement for  
Special Olympics Minnesota

Special  
Olympics  
Minnesota



## WHAT

Looking for a "cool" way to beat the winter blues? Switch off your treadmill and head outside for the third 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 7,100 athletes of Special Olympics Minnesota. Plus, you'll receive a rad shirt for your efforts! **USATF - Certified Course #MN11024RR**

## WHEN

**Saturday, March 2, 2013**

Race begins at 9 a.m.

Plunge from 10-10:30 a.m.

## WHERE

**Thomas Beach, Lake Calhoun**

Thomas Ave S and West Calhoun Pkwy

Minneapolis, MN 55417

## PACKET PICK-UP OPTIONS:

**Friday, March 1** 4-8 p.m.

Minneapolis Plunge Site

**Saturday, March 2** 7-8:30 a.m.

Race site (Lake Calhoun) - in the big tent

## PLUNGE 5K REGISTRATION

**PLUNGEMN.ORG/plunge5K**

\$30 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:

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Supported By



## REGISTRATION FORM — You can also register online! **PLUNGEMN.ORG/plunge5K**

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: Plunge 5K, 100 Washington Avenue S, Suite 550, Minneapolis, MN 55401

