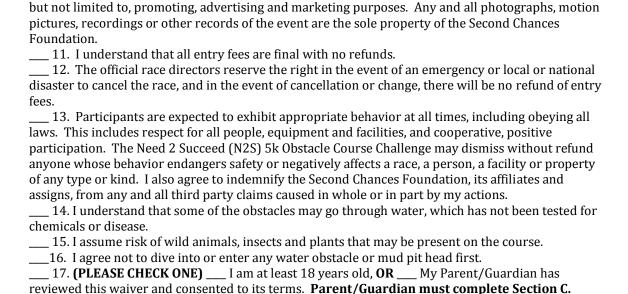


Need 2 Succeed Obstacle Challenge

				Bib #	
First Name:					
				Zip:	
Event (Circle One) Obs	tacle Challeng	;e	Team		
Gender:	Male		Femal	e	
Age on Race Day:					
T-Shirt Size:	S M	L	XL		
Emergency Contact			Emerge	ncy Phone	
				Risk and Warning of Risk	
PLEASE READ THIS	ACKNOWL	EDGE	MENT, W	AIVER & RELEASE OF CLAIM	
FORM BEFORE REGI	STERING				
[A]					
Please initial on eac	h line after	read	ing:		
		eed 2 S	ucceed 5k	Obstacle Challenge is a hazardous activity	
and presents extreme obs		_			
2. I agree not to parti					
				Succeed 5k Obstacle Challenge or ingest or physical ability to safely and effectively	
participate in the Need 2				of physical ability to salely and effectively	
				elative to my ability to safely compete in	
and/or complete the race				y and a great and a great plant	
5. I agree to obey all	civil and crimi	nal law	s at all tim	es.	
				Need 2 Succeed 5k Obstacle Challenge,	
				cipants, negligent or wanton acts by other	
				lition of premises, the effects of the weathe	1
				g known and appreciated by me.	
				responsible for any personal items or	
property that are lost or s				tation in order to obtain treatment in the	
				ppropriate. This Release extends to any	
				nedical treatment and transportation	
provided in the event of a		nected	***************************************	rearear treatment and transportation	
		ie rule	that no wh	eeled baby conveyances or other wheeled	
means of conveyance or p					
10. I grant permissio	n to the Secon	d Chan	ces Founda	ition, its affiliates, and sponsors to use any	

photographs, motion pictures, recordings or any other record of this event for any purpose including



[B] ACKNOWLEDGEMENT, WAIVER & RELEASE OF CLAIMS & ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in the Need 2 Succeed (N2S) 5k Obstacle Course Challenge, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRC are being accepted by the Second Chances Foundation, including but not limited to its officials, agents, volunteers, sponsors, employees, and Audio Systems, Inc. d/b/a Back 40 Events, organizers and administrators (hereinafter collectively referred to as "The Second Chances Foundation" and/or the "Need 2 Succeed (N2S) 5k Obstacle Course Challenge") in consideration for permitting me to participate in this event. In consideration for allowing me to participate in this event, I hereby agree to waive and relinquish all claims I, my executors, administrators, minor/ward, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf (hereinafter collectively referred to as "Releasors"), may have for injuries, illnesses, damages, expenses or loss as a result of participating in these activities against The Second Chances Foundation. When registering online, my online signature shall substitute for and have the same legal effect as an original signature. PARTICIPATION WILL BE DENIED, if the signature of an adult participant and/or parent/guardian and date are not signed at the time and place of the race. The Second Chances Foundation is committed to conducting its race and activities in a safe manner and holds the safety of participants in high regard. The Second Chances Foundation continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the race, programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I am solely responsible for determining if I or my minor child/ward is physically fit and/or skilled for the race or activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I do hereby fully release and forever discharge The Second Chances Foundation from any and all claims for injuries, damages and/or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

Milton Twp, ME 04219
Second Chances Foundation 534 Milton Rd
Mail to:
Please make check to: Second Chances Foundation
Guardian (if under 18):
NO REFUNDS. Participant Signature:
I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.

