Waiver/Release for Beartooth Challenge Cycling Event

The undersigned intends to participate in The Beartooth Challenge Cycling Event (the "Event") in Wyoming and Montana; acknowledges that this Retreat or Activity involves certain inherent risks of physical injury, potential trauma, illness, animal, or insect bites.

The undersigned affirms & verifies that all my statements contained on my application/information form are true & correct to the best of my ability understands that false or inaccurate information contained in my application/information form may constitute the basis for the denial and or revocation for all support provided by Operation Second Chance ("OSC") and participation in the Event.

I also recognize that absent my signed execution of this Waiver/Release OSC will not permit my attendance & participation in the Event. I recognize there are inherent risks associated with this Event and all associated activities that I & any spouse or other relation for whom I am responsible for, may engage in. I confirm that I am mentally capable of participating in any & all activities involved in the Event.

I hereby authorize in advance any medical treatment deemed necessary by OSC personnel, volunteers, or participants on my behalf. I have appropriate health care insurance coverage or in the alternative, I agree to pay all costs of rescue, paramedic, & medical services administered to me.

If Marijuana is not currently recognized & permitted in Wyoming and Montana for medical purposes or recreational use and you choose to wrongfully use Marijuana or a narcotic without a current, unexpired prescription you will be asked to immediately leave the Event and you will be excluded from any further OSC Retreats and Events.

The undersigned further certifies that he/she is an adult and has read this entire document carefully before executing this Waiver/Release.

He/She agrees to hold harmless Operation Second Chance, Cindy McGrew, CEO,OSC Board of Directors, employees, and volunteers from any and all liability.

In Witness whereof the undersigned signs his/her signature on the date written below.

Participant Date

_____

Witness Date

_____

Note: In lieu of signature, this Waiver/Release may be acknowledged and agreed to by all participants on the Givebutter registration platform.