



*For Office Use Only*

BIB NUMBER \_\_\_\_\_  
 CONSENT FORMS COMPLETED  No  Yes  
 PRE-PAID  YES  NO

6<sup>th</sup> Annual Downeast Adventure Race  
 Saturday, May 7, 2011

**OFFICIAL RELAY TEAM REGISTRATION FORM**

***NOTE: Pre-registration is required. Registration is limited – Register Early!  
 Registration deadline is 5 pm, Friday, May 6, 2011***

RELAY TEAM NAME \_\_\_\_\_

RACER 1 (Captain) – MTN BIKE
Name _____
Address _____
City _____
State _____ ZIP _____ Age _____
Phone (____) _____ - _____
email _____
Wetsuit Rental? <input type="checkbox"/> No <input type="checkbox"/> Yes Size _____
T-shirt size(circle one) S M L XL

RACER 2 - CANOE
Name _____
Address _____
City _____
State _____ ZIP _____ Age _____
Phone (____) _____ - _____
email _____
Wetsuit Rental? <input type="checkbox"/> No <input type="checkbox"/> Yes Size _____
T-shirt size(circle one) S M L XL

RACER 3 - RUN
Name _____
Address _____
City _____
State _____ ZIP _____ Age _____
Phone (____) _____ - _____
email _____
Wetsuit Rental? <input type="checkbox"/> No <input type="checkbox"/> Yes Size _____
T-shirt size(circle one) S M L XL

RACER 4 – SEA KAYAK
Name _____
Address _____
City _____
State _____ ZIP _____ Age _____
Phone (____) _____ - _____
email _____
Wetsuit Rental? <input type="checkbox"/> No <input type="checkbox"/> Yes Size _____
T-shirt size(circle one) S M L XL

SUPPORT PERSON
Name _____
Address _____
City _____
State _____ ZIP _____ Age _____
Phone (____) _____ - _____
email _____
Wetsuit Rental? <input type="checkbox"/> No <input type="checkbox"/> Yes Size _____
T-shirt size(circle one) S M L XL



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<b>Description</b>	<b>Amount</b>	<b># needed</b>	<b>Ext.</b>
Entry Fee	\$80	<i>1 per team</i>	\$80
Equipment Rental: (limited available – first come, first served)			
Canoe (with paddles) – 1 per team required	\$10		\$
Single sea kayak (w/paddle) – 1 per team required	\$10		\$
Double sea kayak (w/paddles) – 1 per team required	\$10		\$
Mountain Bike (front suspension) – 1 per team req'd	\$15		\$
PFD (Type III Life Jacket) – 3 per team required	\$5		\$
Wetsuit bottom (3 mil farmer john) – 3 per team req.	\$5		\$
Wetsuit top (3 mil)	\$2		\$
Wetsuit booties	\$2		\$
Whitewater Helmet – 1 per team req.	\$1		\$
<b>TOTAL (Please include payment w/registration)</b>			<b>\$</b>

*Please make checks payable to WCCC Outdoor Adventure Center and mail to:  
 WCCC Outdoor Adventure Center • 1 College Drive • Calais, Maine • 04619*

WASHINGTON COUNTY COMMUNITY COLLEGE  
Calais, Maine



6<sup>th</sup> Annual Downeast Adventure Race  
Saturday, May 7, 2011

**Participant's Consent to Assume Risks and Release Liability**

**Please complete one form for each participant including support person**

Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

I understand that this Downeast Adventure Race ("Event") will involve mountain biking, canoeing, running and kayaking across a course of approximately 20 miles. I understand and agree that wet suits are required for the canoe and kayak portions of the Event. I also understand the physical demands and the risks associated with participating in this Event, and that such risks include serious injuries, impairment or death. I declare that I am in excellent health and may participate safely in the Event with no restrictions, and do, therefore, assume all risks arising from or as a result of my participation in the Event. I also agree to release, discharge and hold harmless Washington County Community College, the Maine Community College System, all sponsors and individuals assisting in presentation of the Event ("Event Providers"); all owners of the property on which the Event will take place; and all of their respective agents, employees and officers from any and all liability, demand, costs or damages, including attorney fees, other than those for which Maine law prohibits such release. I further authorize attending medical personnel to administer any necessary medical attention that may be required as a result of my participation in this Event.

**Please sign below only if you have read, understood and voluntarily agree to all of the above terms and conditions. Thank you.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WASHINGTON COUNTY COMMUNITY COLLEGE  
Calais, Maine



6<sup>th</sup> Annual Downeast Adventure Race  
Saturday, May 7, 2011

**Consent on Behalf of Minor to Participate in Event  
Assumption of Risks and Release of Liability**

**Please complete one form for each participant under the age of 18 including support person**

Name and Age of Minor \_\_\_\_\_

Name of Parent or Guardian (printed) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

I, on behalf of the above-named minor, understand that this Downeast Adventure Race ("Event") will involve mountain biking, canoeing, running and kayaking across a course of approximately 20 miles. I understand and agree that wet suits are required for the canoe and kayak portions of the Event. I, for myself and on behalf of the above-named minor, understand the physical demands and the risks associated with participating in this Event, and that such risks include serious injuries, impairment or death. I declare that the above minor is in excellent health and may participate safely in the Event with no restrictions, and do, therefore, for myself and on behalf of the above minor, assume all risks arising from or as a result of my minor's participation in the Event. I also agree for myself and on behalf of the above-named minor to release, discharge and hold harmless Washington County Community College, the Maine Community College System, all sponsors and individuals assisting in presentation of the Event ("Event Providers"); all owners of the property on which the Event will take place; and all of their respective agents, employees and officers from any and all liability, demand, costs or damages, including attorney fees, other than those for which Maine law prohibits release. I further authorize attending medical personnel to administer any necessary medical attention that may be required as a result of my minor's participation in this Event.

**Please sign below only if you have read, understood and agree to all of the above terms and conditions. Thank you.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_