



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Team Captain:

Thank you for your interest in the YMCA's Corporate Challenge! As always, we are delighted with the continued support shown by the community and would like to thank all of our advocates.

We are so excited to announce our new Title Sponsor for this year's event, Harding Brooks Insurance Agency. Harding Brooks has been a longtime supporter of both the YMCA and our community since the 1950's. Their focus is to provide their expertise and knowledge while maintaining a personal, customized and innovative approach to handling your business insurance needs. Please feel free to give them a call at (607) 729-9292 and see how they can help! Thank you again to our new 2020 Corporate Challenge Title Sponsor.

We still have other major sponsorship opportunities available for the 5k event and the awards ceremony. If your organization is interested in supporting this wonderful community event, please let me know and I would be more than happy to share information with you. We are looking forward to another fun filled year and are excited you will be joining us!

This year's event will be held on **Thursday, June 25, 2020 at SUNY Broome. The first race will begin at 5:15pm.** The registration deadlines are as follows:

	<b>Date</b>	<b>1st event</b>	<b>Each additional event</b>
Registration with shirt	06/1/20	\$21.25	\$12.77
Registration but NO shirt	06/8/20	\$21.25	\$12.77
Late Registration	After 06/8/20	\$25.25	\$18

**IMPORTANT INFO FOR 2020:**

- Stay informed with all things Corporate Challenge! All you need to do is like our Facebook page (YMCA of Broome County) and share it with your friends, colleagues, and teammates.
- **TEAM SPIRIT AWARD!** Once again, the Team Spirit Award will be given to the team that demonstrates the true meaning of team spirit; supporting their team, respecting others, encouraging their teammates, all while having a great time! So decorate those tents, design your team shirts and have a blast!
- Registration can be done either online ([ymcabroome.org/race20](https://ymcabroome.org/race20)) or through the attached registration spreadsheet. **Please use the attached excel spreadsheet and do not create your own as it is designed to sync with the scoring software.** When registering online, payment will be required at the time of registration.

As with last year, you will find event information, entry packets and full event rules on our website at <https://ymcabroome.org/main/corporate-challenge/>. A map of the 5K course will be posted once it becomes available. If you have any questions, please feel free to contact me at the number or email below. Thank you again for your continued support and I look forward to seeing you all on June 25th!

Sincerely,

Scott Tota  
(607) 770-9622 ext. 404  
stota@ymcabroome.org










# YMCA CORPORATE CHALLENGE

## GENERAL RULES AND INFORMATION

1. **A CORPORATION (COMPANY)** - is defined as a profit or non-profit business or service including State and Municipal organizations. **In all cases, at the time of the run, the participant must be a part-time or full-time employee of the business/corporation.**
2. Each team must allocate a **TEAM CAPTAIN**. This person will be responsible for the completion and accuracy of the team registration and will be the point of contact for that team. Any team changes must be made by the captain no later than **5pm on Friday, June 19th 2020**. *If paying by check, please make payable to 'YMCA of Broome County'.* Payment by credit card will also be accepted. Please note and share with your team that no dogs are permitted on the SUNY Broome Campus.
3. Race packets, shirts and bibs will be available for pickup at the Binghamton YMCA Branch starting on Tuesday, June 23rd at 5 pm. If you're unable to pick up beforehand, you may pick up at Corporate Challenge.
4. **CORPORATE DIVISIONS:**

<b>Small</b>	<b>Medium</b>	<b>Large</b>
1-99 employees	100-599 employees	600+ employees
5. **SCORING & TROPHIES:** Points will be awarded to the top 15 finishers in each of the 3 company divisions. Trophies will be awarded to the top 3 finishers in each Corporate and individual category.
6. **TEAM SPIRIT AWARD!** This award will go to the team that demonstrates the true meaning of team spirit: supporting their team, respecting others, encouraging their teammates while having a great time! So go all out with decorations, team shirts and have a great time! A team of volunteers will decide the winner.

## SCHEDULE OF EVENTS

    	<b>4:30-5:15PM</b>	Registration and pickup for all team captains.
	<b>5:15-6:00pm</b>	<b>5K Road Race:</b> Sponsorship opportunity available. 3.1 mile race around campus. No walkers please due to scheduling issues.
	<b>6:00-7:30pm</b>	<b>Predicted Mile: (2 Heats)</b> This event is for everyone! Participants will pre-register the time they predict it will take to cover the 1 mile course. Participants can walk or run. Winners will be the person closest to their predicted time. (No timing devices can be worn during this events). <b>Heat 1:</b> Sponsored by UHS <b>Heat 2:</b> Sponsored by The Raymond Corporation
	<b>7:30-8:15pm</b>	<b>Relay Race:</b> Sponsored by Delta Engineers, Architects & Surveyors 3 team members will each cover the 1 mile course. <ul style="list-style-type: none"><li>• 1 team member must be female</li><li>• 1 over 40 years old (The female and over 40 can be the same person.)</li><li>• 1 'open'</li></ul>
	<b>8:15-8:30pm</b>	<b>Executive Mile:</b> Sponsorship opportunity available. A 1 mile road race open to senior staff members. (only 2 participants per company will score) – please submit business cards for those participating.
	<b>8:30pm</b>	<b>Awards Ceremony</b>

# YMCA CORPORATE CHALLENGE

## TEAM CAPTAIN WAIVER FORM

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We ask that each team captain sign this waiver form. By doing so he/she is acknowledging responsibility for their team members in relation to the following points:

1. I attest that to the best of my knowledge that all registered team participants are a part-time or full-time employee of said company and understand that the YMCA has the right to check employment. I also understand that my entire company will be disqualified from the Corporate Challenge if this statement is falsified.
2. Only runners who are registered for a particular event are permitted in the finishing chute.
3. Competitor bibs must be worn on the FRONT of participants shirts and be visible to the finish line workers for scoring purposes.
4. Participants must stay in single file within the chute, in the order in which they finished the race.
5. Anyone climbing over barricades in or out of the chute will be disqualified.
6. The Corporate Challenge will start at 5:15pm with the 5K race. All other published event start times are 'estimates'. All participants should be available to participate 30 minutes prior to the listed event time, as prior races may finish earlier than expected.
7. Anyone found to be using a watch or headphones in the Predicted Mile Walk/Run will be disqualified from the event.
8. No dogs permitted on the SUNY Broome campus.
9. I agree to sign, and have all team participants sign, the attached Insurance Company waiver.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature : \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

## ACCIDENT WAIVER AND RELASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event. THE FOLLOWING ENTITIES OR PERSONS: Woirlwide Sport Supply, SUNY Broome, Broome County, individual sponsoring companies, the YMCA of Broome County, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releasees or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that this event or related activities, may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

_____	_____	_____	_____
Print Participant's Name	Age	Signature	Date
<b>(*If under 18, Parent or guardian must also sign below)</b>			

Address: \_\_\_\_\_

_____	_____	_____	_____
Street	City	State	Zip

### \*PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	_____
Print Parent or Guardian Name	Signature of Parent or Guardian	Date