

YMCA/HARDING BROOKS CORPORATE CHALLENGE

Company Name: _____ Team Captain: _____

Phone #: _____

RELAY RACE ENTRIES

NAME (PRINT)	AGE	GENDER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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TEAM CAPTAIN WAIVER FORM

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/or an immediate family member, 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 Numbers 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 or drones 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: Worldwide 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
(*If under 18, Parent or guardian must also sign below)			
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

*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
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