

*YMCA of Central Ohio*  
*Corporate Challenge*  
***Wendy's Triathlon***

**Where:** Alum Creek State Park  
Delaware, Ohio

**When:** June 14, 2010

**Tournament Director:** Nikki Boop, 224-1131 ext.201  
Email: [nboop@ymcacolumbus.org](mailto:nboop@ymcacolumbus.org)

Ultrafit USA - Jeff Sheard 491-7855

**Team Composition:** One individual and one relay team.

A relay team can consist of either two or three people with at least one member being a female.

**Required Team Captains Meeting:** June 7, 2010 @ 6:30 p.m.  
YMCA of Central Ohio  
40 West Long Street  
Columbus, Ohio 43215

**Team(s) Fee:** (1) - \$205.00 (2) - \$410.00 (3) - \$610.00 (4) - \$810.00

**Checks Payable to:** YMCA of Central Ohio

**Send Entry Confirmation and Fees to:** Corporate Challenge  
YMCA of Central Ohio  
40 West Long Street  
Columbus, Ohio 43215

**Entry Fee and Confirmation Due By:** June 1, 2010 @ 5:00 p.m.

*A finalized roster must be submitted prior to the start of the tournament.*

*YMCA of Central Ohio  
Corporate Challenge  
Wendy's Triathlon  
Sunday, June 14th, 7:00am  
Alum Creek State Park*

**What is a triathlon?**

It's the ultimate endurance competition that combines the following three skills in consecutive order.....

Swim ½ mile    Bike 18 miles    Run 3.1 miles

**Who Competes?**

Each Corporate Challenge “team” will compete against other teams in your division. Your division is based upon the size of the company that you represent. The three divisions are grouped accordingly:

Division 1	1-400
Division 2	401-1250
Division 3	1250 +

**What is a “team”?**

A typical (\*) YMCA Corporate Challenge “team” has a total of four members. Three of the members will compete as a “relay team” with the fourth member competing as an “individual”. “Relay” team members consist of a swimmer, a cyclist, and a runner. The “individual” must complete the entire triathlon unassisted. The combined times of the relay team and the individual will determine the order of finish. The top three teams per “division” will receive special awards.

(\*) Some teams consist on only “two” people with the swimmer also doubling as the cyclist. You decide how you wish to “double-up”.

**What to expect race day.**

When you first arrive at Alum Creek State Park you will park your car in the designated areas. Next, go directly to the special YMCA Corporate Challenge “transition” area located inside one of the other remote parking areas. This area includes special YMCA Corporate Challenge bike racks that are coded by division. For example:

YMCA 1    YMCA 2    YMCA 3

This is where all the action takes place during the race. It is where each cyclist will park his or her bike during the race. This includes both the “relay” team cyclist and the “individual” member.

At approximately 7:00am all YMCA Corporate Challenge teams will begin the ½ mile swim. During this time the team cyclists will remain in the transition area awaiting the “tag” from the team swimmer. When the swimmer completes the swim they will go directly to the bike area to “tag” the cyclist. The cyclist will then complete the 18-mile course.

The team runner will remain at the transition area to await the tag from the cyclist. The runner will complete the 3.1mile course and return to the finish line.

Those who compete as “individual” and not “relay team” members must complete the entire course unassisted.

Packet pick-up at the Central YMCA.

**All YMCA Corporate Challenge competitors can pick up their race packets in advance at the Central YMCA on Monday, June 8<sup>th</sup> beginning at 6:10pm. Tee shirts, race numbers, swim caps, and final instructions will be issued at this time.**

*YMCA Corporate Challenge  
Wendy's International Triathlon  
Sunday, June 14<sup>th</sup>, 7:00am  
Alum Creek State Park Waiver*

(Please read before signing)

**I, intending to be legally bound, for myself, my heirs, executors and administrators, voluntarily assume all risks of accident or injury and release and forever discharge the, Ultrafit/USA, the State of Ohio, Ohio Department of Natural Resources, and its employees, officers and agents, from any and all liability for personal injury or property damage of any kind sustained at Alum Creek State Park during the Wendy's Triathlon/Duathlon held on June 14<sup>th</sup>, 2009 whether such personal injury or property damage is caused by negligence of the State of Ohio, Ohio Department of Natural Resources, or it's employees, officers, or agents, or otherwise. I further covenant and agree to indemnify and hold harmless the State of Ohio, and the Ohio Department of Natural Resources, it's employees, officers and agents, from all loss and expense, including but not limited to, damages, legal expenses and cost of defense, in any manner arising from my use of the state park.**

\_\_\_\_\_  
**Participant (signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or legal guardian (signature)**

\_\_\_\_\_  
**Participant (name printed legibly)**

\_\_\_\_\_  
**Parent or legal guardian (name printed)**

*YMCA of Central Ohio  
Corporate Challenge  
Wendy's International Triathlon  
Roster Form*

COMPANY NAME: \_\_\_\_\_ TEAM#: \_\_\_\_\_  
(if entering more than 1 entry)

My company qualifies for the following division: (circle one) #1 #2 #3  
Division I (1-400)    Division II (401-1250)    Division III (1250+)

My company has entered the following: (check one)  
Relay team and individual: \_\_\_\_\_  
Relay team only: \_\_\_\_\_  
Individual only: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Individual:	Shirt Size	Gender	Work #
_____	_____	_____	_____
Relay members:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all participants listed on the roster are employees of the above named company.

Team Captain's signature: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)**

I acknowledge that a triathlon, duathlon, or multi-sport 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. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS.** I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon ("USAT") in consideration for allowing me to become a member of USAT and are being relied upon by USAT and the various race sponsors, organizers and administrators in permitting me to participate in any USAT sanctioned event.

In consideration for allowing me to become a member in USAT and allowing me to participate in USAT sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim to sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Doping Control Rules, as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or from a USAT sanctioned event, **THE FOLLOWING PERSONS OR ENTITIES: USAT , EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY;** (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, **and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY USAT** under these circumstances. I also **ASSUME ANY AND ALL OTHER RISKS** associated with participating in USAT sanctioned events including but not limited to falls, contact and/or effects with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above in subparagraph © or of other persons or entities. **I FURTHER COVENANT AND AGREE NOT TO SUE** any of the persons or entities mentioned above in subparagraph © for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above in subparagraph © from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. **I FURTHER GRANT PERMISSION** for the use of my name and/or likeness relating to my participation in a USAT sanctioned event, and **I WAIVE** all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

**I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.**  
**PRINT NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.**

The undersigned \_\_\_\_\_ (parent/guardian) the parent and natural guardian of \_\_\_\_\_ (minor's Name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors administration, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal Capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent and authorization for medical treatment.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ('Medical Provider') to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by USAT. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

**NOTE: Parent/Guardian must also sign AWRL above.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_  
**RELATIONSHIP TO MINOR** \_\_\_\_\_