

Workforce Team Challenge



Date: Thursday, May 17, 2012

Start Time: 6:25pm

Where: Empire State Plaza in front of the New York State Museum

Employee Cost: \$5 (Time Warner Cable will be paying the difference)

Payment: Submit to Katie Garippa no later than Monday, April 30, 2012.
Make check payable to Time Warner Cable. Cash is accepted.

Participant's Release Form: Must be signed and submitted to Katie Garippa
no later than Monday, April 30, 2012.

Event Information:

The CDPHP Workforce Team Challenge is the Capital Region's workforce team run and walk — and the largest annual road race between Utica and New York City. There were 9,200 runners and 470 participating companies/organizations in the 2011 race - a record turnout. This event benefits racers, joggers, and walkers. This year's selected charities are Senior Services of Albany and Schoharie Recovery, Inc.

Check out the "Couch to Workforce Challenge" training program! It will help you easily prepare for the race!

<http://www.cdphpwtc.com/>

Contact Katie Garippa in HR with any questions you may have.

Katie.Garippa@twcable.com

518-640-8671

Participant's Release Form

PLEASE PRINT CLEARLY

☐ SEX
(M/F)



Time Warner Cable
EXACT NAME OF COMPANY/ORGANIZATION AS NOTED ON TEAM ROSTER

LAST NAME AREA CODE BUSINESS PHONE

FIRST NAME AREA CODE HOME PHONE

HOME ADDRESS APT.

CITY STATE ZIP CODE

Thursday May 17, 2012

ENTRY FEE (per person):
\$18.00 before May 4, 2012 @ 5 p.m.

ENTRIES CLOSE:
May 4, 2012 @ midnight online

NO RACE DAY ENTRIES AND NO
SUBSTITUTIONS AFTER MAY 4

- ☐ Yes, I would like to make a contribution to
Schoharie Recovery, Inc. (www.schoharie-recovery.org)
\$ _____
- ☐ Yes, I would like to make a contribution to
Senior Services of Albany
(www.seniorservicesofalbany.com).
\$ _____

AGREEMENT AND RELEASE

By entering and participating in the CDPHP Workforce Team Challenge in Albany, New York, I understand and agree to the following:

1. I assume the potential risks in participating in a running event, including, but not limited to, falling, contact with other participants, traffic conditions on and around the race course, the condition of the race course, and the impact of weather (including high heat and humidity).
2. I am medically able to participate and will abide by any decision of any race official, before or during a race, relative to my ability to safely participate. I agree that my failure to honestly represent my ability to participate in the Workforce Team Challenge or accept the conditions of participation, as stated above and in the Workforce Team Challenge rules and procedures, may result in my disqualification from participation, as well as the disqualification of my company's team.
3. That to maintain my safety and those of other participants and individuals involved in the race, I must and shall participate in the race alone, unassisted, and without the aid of any person, animal, or device, including, but not limited to, skates, headsets, skateboards, skis, cycles, and baby joggers.
4. I have read and agree to abide by all the rules and procedures contained within the CDPHP Workforce Team Challenge Application Kit and any amendments to such procedures and rules as are furnished to me.
5. My entry fees are non-refundable, and my participation in the race is non-transferable.
6. I hereby grant permission for my name, likeness, and voice to be used by CDPHP, any of the Co-Sponsors, and/or Race Organizers for any legitimate purpose in any media now or hereafter developed.
7. I hereby declare that I am 18 years of age or older as of race date.

Having read and agreed to the conditions of participation as contained within this Release, and knowing the truthfulness of the information that I have disclosed on this form, in consideration of the acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release CDPHP, each and every Co-Sponsor, and any other person, organization, or business assisting or supporting this event, The Hudson Mohawk Road Runners Club, The New York State Office of General Services, The City of Albany, and the representatives of the foregoing, from any claims or liabilities of any kind arising in connection with my participation in the CDPHP Workforce Team Challenge even though that liability may arise out of negligence or carelessness of any such party.

X _____
Applicant Signature Date





Couch to Workforce Team Challenge! Training Plan

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1	5 min walk 2 min jog 5 min walk	Relax!	5 min walk 3 min jog 5 min walk	Relax!	5 min walk 4 min jog 5 min walk	Relax!	Relax!
2	5 min walk 5 min jog 5 min walk	Relax!	5 min walk 7 min jog 5 min walk	Relax!	5 min walk 8 min jog 5 min walk	Relax!	Relax!
3	5 min walk 9 min jog 5 min walk	Relax!	5 min walk 10 min jog 5 min walk	Relax!	7 min jog 5 min walk 7 min jog 5 min walk	Relax!	5 min walk 14 min jog 5 min walk
4	5 min walk 15 min jog 5 min walk	Relax!	17 min jog 5 min walk	Relax!	9 min jog 5 min walk 9 min jog 5 min walk	Relax!	18 min jog 5 min walk
5	18 min jog 5 min walk	Relax!	20 min jog 5 min walk	Relax!	Relax!	Relax!	20 min jog 5 min walk
6	12 min jog 5 min walk 12 min jog	Relax!	24 min jog	Relax!	Relax!	25 min jog	20 min jog 5 min walk
7	25 min jog 5 min walk	27 min jog 5 min walk	Relax!	Race Day! May 17th	Relax!		