



The Charger Challenge

The Charger Challenge is designed to provide guidance, incentive and long-term motivation to runners and walkers through awards and recognition. Runners and walkers of all ages, abilities and levels of experience are welcome to participate. Participants do not have to be Syracuse Chargers Track Club members. Three different challenges are available. Whether you exercise for enjoyment, weight loss/maintenance, social or competitive reasons, you are encouraged to take on the Charger Challenge!

PROGRAM RULES AND AWARDS:

All Challenge Programs participants are required to fill out the application below and upon receipt, they are sent a log sheet for recording miles run/walked along with instructions and guidelines for new runners. The participant submits completed log sheets for each award level. Participants' achievements are also recognized in the Syracuse Chargers Track Club *Newsletter*.

THE CHARGER CHALLENGE

This program is designed for higher mileage walkers/runners or those seeking a longer term goal.

THE CHARGER 500 MILE CHALLENGE

The 500 Mile Challenge is aimed towards junior or senior participants, those new to a walking/running program, or those with physical limitations.

Entry Fee: - - - - \$5/person Non-Chargers, ****FREE**** for Chargers Club members - - - -

Awards: 500 miles T-Shirt
1000 miles Patch or Ribbon
2500 miles Long-Sleeve T-Shirt
5000 miles Trophy
10,000 miles Awards Banquet Plaque

Awards: 100 miles Ribbon
250 miles Patch
500 miles T-Shirt

Mileage: All actual mileage covered can be recorded

THE FAMILY CHALLENGE

The Family Challenge allows family members combine their mileage towards a common goal!

Entry Fee: \$20 total for Non-Chargers members, includes immediate family members residing at the same address, ****FREE**** for Chargers Members. **Awards:** 5000 miles Family plaque and a T-shirt for each family member

CHARGER CHALLENGE APPLICATION FORM

Challenge Program Desired: _____ **Charger Challenge** _____ **Family Challenge** _____ **500 Mile Challenge**

Name(s): _____ E-mail _____

Age(s) _____ Shirt Size(s): _____ S _____ M _____ L _____ XL

Address: _____

Telephone: _____ Charger Member? _____ (Y) _____ (N) Fee Enclosed \$ _____ 1/21/17

(Payable to Syracuse Chargers Track Club)

MEMBERSHIP WAIVER I know that running and volunteering to work in club races and other activities can be hazardous. I agree not to participate in Club activities unless I am medically able and properly trained. I agree to abide by any decision of an official concerning my ability to safely participate in any activity.

I freely and voluntarily assume all risks associated with competing, volunteering, and all other activities in which the Club is involved. Such risks include, but are not limited to: falls, contact with other participants, the dangerous or negligent behavior of other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road or other facilities, and traffic on the course, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of you acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the RRCA, USATF, Syracuse Chargers Track Club, Inc., and their officers, directors, and members, and all sponsors, their representatives and successors, from all claims or liabilities arising out of my participation in Club activities, even though that liability may arise out of negligence of carelessness on the part other persons named in this waiver. I grant permission to use for legitimate purpose any photographs, motion pictures, recordings, or other images of myself participating in Club activities.

Signature(s) _____ **Date** _____

I am signing this waive as parent or legal guardian on behalf of the minor(s) named above. I agree to be responsible for the conduct and safety of the minor(s), and I recognize and assume the risks described above on behalf of the minor(s).

Parent's or Guardian's Signature if under 18 years _____ **Date** _____

Return To: Ed Polly, 102 Rosewell Meadow Dr., DeWitt, NY 13214 email:golfnrun@pollywood.org 315-256-6398