



## Team Captain's Clackamas County Application and Agreement Cascade Lakes Relay 2017



### Hello Team Captain,

Thank you so much for your energy and organization in coordinating a Cascade Lakes Relay (CLR) team! Your work contributes positive benefits in the workplace such as physical fitness and teamwork. There are also benefits such as a stronger connection to each other when we participate in a challenging event together. It is for these reasons that Clackamas County's Wellness Program pays entrance fees to support your team. We wish you a fun and memorable time as you plan, train, and participate in the relay!

### I am applying for Wellness Program Support for:

- ☐ CLR36 Team (run)
- ☐ CLR36 Team (walk)
- ☐ CLR 24 Team
  
- ☐ I have enclosed my 2017 Clackamas County Agreement (this document).
- ☐ I have enclosed my team's check\*, payable to Clackamas County for \$100.
- ☐ I have enclosed a copy of my Team Captain CLR Application, see <http://www.cascadelakesrelay.com/>

*\*If your team does not win the Cascade Lakes Relay lottery selection, then your check will be returned. The purpose of the check is to share expenses, create funding for more teams, and ask for a concrete commitment in exchange for the County's funding.*

### Selection Process:

The maximum number of teams for 2017 has not been determined.

Please read and sign the attached agreement, and return it along with your \$100 check to Tamra Dickinson, Wellness Program, DES by **September 13, 2016**. We will then request a check for you to mail, once you receive your registration instructions from the website.

Again, thanks for all your efforts and energy coordinating a team!

## Agreement

### The intention of this agreement is to:

- Be clear about Clackamas County's responsibilities.
- Be clear about your responsibilities as a Team Captain. For Clackamas County's investment in team fees, the Wellness Program needs to demonstrate that the expense shows "Return on Investment" to the workplace.

### Clackamas County (Wellness Program) responsibilities to team:

- Pay for registration fees - \$1,700 for CLR36 run; \$1,300 for CLR36 walk.
- Make sure County check is sent to the Team Captain in time for registration. For 2017 opening day of registration is **October 01, 2016 and is open through October 5, 2016**.
- Publish team testimonials and pictures.

- Help with finding replacement team members if help is requested. We maintain a list of interested walkers/runners.

### **Team Captain and Team Member Responsibilities to Clackamas County:**

#### **Acceptance of Team to Relay:**

- Team Captain is responsible for registering the team by the CLR's deadline of Oct 5, 2016.
- Team Captain must pay close attention to event requirements as posted on the website to ensure the team is meeting its obligations.
- Team Captain shall notify the Wellness Coordinator if team is selected in the CLR lottery, or if the team is bumped to the CLR24 relay. Team Captain and team are responsible for any late fees.
- Team captain shall remind the Wellness Coordinator about County check deadlines (at least 2 weeks notice.)

**Assistant Team Captain:** An assistant team captain must be assigned to help with coordination of the event and to serve as the back-up team captain if the current team captain cannot complete the role.

**Team Membership:** Since Clackamas County's purpose in paying team registration is for workplace camaraderie and health, our first preference is that team members are Clackamas County employees. If you can't fill your team with employees, then family members are an alternative choice because they have an impact on our health. If you can't fill a team with employees or family members, please contact Tamra to ask for help. Communication tools such as the Wellness e-mail, County Update, or the Newsletter can be used to advertise a request for a team member. If these measures don't produce the needed team member and you must fill a slot with a non-employee, non-family member, then they must pay a percentage of the registration fee to Clackamas County. Please keep the Wellness Coordinator informed of enrollment changes of any new or substitute team members.

**Demonstrate how your experience is good for Clackamas County:** Clackamas County's investment in registration fees relies on the experience being beneficial to the County, workplace, and employee health. Articles and pictures are a fun way for colleagues to learn about your adventures. **Required submissions:** Following the relay, Team Captain must submit (electronically please, in .jpg and .docx) a summary and pictures about the experience. (About 5 pictures and less than a page of text.) It's fun when team members contribute sentences about highs and lows of the experience. Due: within 2 weeks after the event.

**Training:** How much fun you have largely depends on how you'll feel running or walking through Central Oregon. "The CLR was developed to highlight the beauty of Central Oregon and to provide a different relay experience – one focused on team spirit and camaraderie, a challenging and varied race course, an intimate feel, and a non-congested relaxed race experience." **The Team Captain needs to make sure team members have trained and are prepared for this challenge!**

**Have Team Meetings:** It's all in the planning, so we recommend you have team meetings to decide on everything from team name to which legs and jobs people want. This is just one way you can build your teamwork while taking care of business at the same time.

**The Team Captain must pay close attention to event requirements (such as providing two volunteers) as posted on the website to ensure the team is meeting its obligations.**

**Note:** Employees may not use County vehicles.

Our signatures below indicate agreement to our respective responsibilities:

*I agree to the Team Captain responsibilities listed in this document.*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Team Name

**Assistant Team Captain Name (Print):** \_\_\_\_\_

**Clackamas County:**

*I agree to the Clackamas County Wellness Program responsibilities listed in this document.*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tamra Dickinson  
Print

**Contact information:**

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