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CORPORATE CHALLENGE

PRESENTED BY: Elevance
Health

Fri June 26 - Sat June 27, 2026

Indianapolis, IN 46222 US





Register For
Indiana Sports Corp Corporate Challenge 2026
Indianapolis, IN 46222

[Back to Race Website X](#)

Registrant #1

Enter your information

[Clear all fields](#)

Quick Fill

Choose one of your existing profiles to quickly fill in the registration form.

Who are you registering? *

First Name *

Last Name *

Email Address *

Confirm Email *

Date of Birth *

 mm/dd/yyyy

Used for age group calculations

Gender *

Male Female
 Non-Binary

Phone *

Valid formats include: 000-000-0000 or 0000000000

Street Address *

Country *

US - United States

Zip Code *

City *

State *

Choose Your Division * **Select an Event Day**

Friday Divisions

(Select One) ▾

ⓘ

Saturday Divisions

(Select One) ▾

ⓘ

You must click the radio button first.

+ Add Another Registrant

Continue

R

Choose Your Division *

Select Your Division

Friday Divisions



(Select One)

- Friday Division 1 (1-74 Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT
- Friday Division 2 (75 - 249 Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT
- Friday Division 3 (250 - 749 Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT
- Friday Division 4 (750+ Indiana Employees) — \$0.00 Division Fee — Group Pricing May Apply — Fri. June 26 9:30am - 2:30pm EDT

Saturday Divisions

(Select One)



You must click the radio button first.

+ Add Another Registrant

Continue

R



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Waiver [Open waiver in new window](#)

Read through and agree to the waiver

FROM THE NEGLIGENCE OR THE RELEASEE OR OTHERWISE, TO THE FULLEST EXTENT
PERMITTED BY LAW.

5. I, HEREBY GRANT Indiana Sports Corporation and IMS the permission to use my likeness, voice and words in television, radio, film or any other form for promotional purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SELECTING THAT I ACCEPT THE TERMS, AND DO SO FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Waiver Agreement for First Last

By checking this box, I agree to the waiver and confirm that I am 18 or older and agree to the [Privacy Policy](#).



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Group for First Last

Click “Create a New Group/Team”

Join an Existing Group

Create a New Group

Group Type *

Division 1

Description:

Group Fee: \$2,000.00
Up to 74 Indiana Employees

Group Name *

2026 Example

Password

You have the option to set a password that will be required for anyone trying to join your group

Create a Team Name

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Create a team password for your employees to sign up with you if you would like to



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Overall Questions

Answer all questions

Do you need a timing chip? *

Yes No

What industry is your company in? *

Only team captains need to answer this question.

Will you be participating in the Cycling Time Trials? *

Yes No

Questions for First Last

Why do you participate in the Corporate Challenge (Select all that apply)

- Team Camaraderie
- Physical Fitness
- Fun
- Competitive Outlet
- Company Pride
- Personal Goal-setting

Does the Corporate Challenge support your corporate culture or enhance your company's team-bonding?



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What T-Shirt Size are you?

--- Select Option ---

Select T-Shirt size

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Virtual Race Information **Answer all questions**

Make your virtual participation more real by sharing your efforts! Enter your info and we will send you instructions on how to report your performance.

First Last

Friday Division 1 (1-74 Indiana Employees)

Sign up for email

I don't want to receive Email

Select your Timezone

To ensure that we send messages at appropriate times of the day, please select your timezone below.

Timezone *

America/Indiana/Indianapolis (-05) ▾

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Payment Method

Credit Card
Visa, MasterCard, AMEX,
Discover

Apple Pay

Card Number *

VISA   

Expiration Date *
Month Year CVV *

First Name * Last Name *

Street Address *
115 W Washington St. Suite 1400

Country * Zip Code *
US - United States 46204

City * State *
Indianapolis IN - Indiana

Save my credit card for a quicker registration next time.

Purchase Summary

Item	Total
Friday Division 1 (1-74 Indiana Employees) First Last	\$0.00 \$0.00

What T-Shirt
Size are you? -
First Last
2XL

Group Setup Fee
\$2,000.00 \$2,000.00
2026 Example

Coupon Code 

Base Cost: \$2,000.00
Processing Fee:  \$139.00

Total: \$2,139.00

**Ensure all information
is correct**

**If you would like to pay by check, please email Craig Lippincott at
Clippincott@indianasportscorp.org**

Click “Confirm Payment” and you are done 

Confirm Payment: \$2,139.00 Back

↓ Your registration information

Location: Indianapolis, IN 46222 US Race Date: June 26, 2026 - June 27, 2026

Registrants

First Last	Date of Birth:	Email:
First Last	July 8, 1998	zbekker@indianasportscorp.org

Division: Friday Division 1 (1-74 Indiana Employees) (Friday June 26, 2026)

Indiana Sports Corp
Indianapolis, IN US 46202 317-464-3995

Male Age On Race Day: 27

Group: 2026 Example

Registrant(s) Questions

+ Add Another Registrant

Ensure all information is correct

Purchase Summary <input checked="" type="checkbox"/>		
Item	Total	
Friday Division 1 (1-74 Indiana Employees) First Last	\$0.00	\$0.00
What T-Shirt Size are you? - First Last 2XL	\$0.00	\$0.00
Group Setup Fee 2026 Example	\$2,000.00	\$2,000.00
Coupon Code (i)		Apply
Base Cost:	\$2,000.00	
Processing Fee: (i)	\$139.00	
Total: \$2,139.00		

Total should never be 0 when creating a team