



**FITNESS FACTS
ABOUT SPINNING**

- * Burns major calories. A vigorous one hour workout on a stationary bike can burn 620 calories in a 130 pound person and 908 in a 190 pound person
- * As with any form of exercise, it has been proven to reduce depression, fatigue and stress
- * Provides individual workouts. You can take it to whatever level you want your workout to be
- * It can be enjoyed by most ages. The bikes are adjustable to fit each rider
- * Helps to develop strength and endurance while improving techniques for outdoor riding



Gold's Gym
855 Publishers Parkway
Webster, NY 14580
585.347.0047
www.goldsgym.com

Flex Gym & Aerobics Center
605 Culver Road
Rochester, NY 14609
585.654.7122

Canandaigua YMCA
32 North main Street
Canandaigua, NY 14424
585.394.6866
www.canandaigua-ymca.org

Eastside YMCA
1835 Fairport Nine-Mile Point Road
Penfield, NY 14526
585.341.4000

The Iron Butterfly Health Club
7493 Route 96
Victor, NY 14564
585.924.1540
www.theironbutterfly.com

Midtown Athletic Club
200 East Highland Drive
Rochester, NY 14610
585.461.2300
www.e-tcaclubs.com

Penfield Fitness & Racquet Club
776 Panorama Trail West
Rochester, NY 14625
585.586.7777
www.penfieldfitness.com

Bally Total Fitness
1225 Jefferson Road
Rochester, NY 14623
585.427-7890

Rochester Athletic Club	Pittsford	Greece Ridge
Brighton Henrietta 21 Goodway Dr. Rochester, NY 14623 585.424.2222	3400 Monroe Ave Pittsford, NY 14618 585.899.6666	190 Greece Ridge Center Dr Rochester, NY 14626 585.225.8888



www.cycle4hope.org

***Saturday February 6th 2010
8 am-2 pm***

Participating Clubs

*Gold's Gym
Flex Gym and Aerobics Center
Canandaigua YMCA
Eastside YMCA
Iron Butterfly Health Club
Midtown Athletic Club
Penfield Racquet Club
Bally Total Fitness
Rochester Athletic Club*



6th Annual Cycle for Hope

February 6, 2010

Cycle for Hope is a 6 hour cycling marathon that takes place at various fitness facilities throughout Monroe and Ontario counties. This is a unique opportunity for everyone to enjoy, whether you are an avid cyclist or a beginner. The event raised \$23,000 last year, which helped to make programs and services possible at Camp Good Days and Special Times and Golisano Children's Hospital at Strong. *Help us reach this year's goal of \$50,000!*

Did you Know...

- Camp Good Days and Special Times, Inc. was founded in 1979 by Gary Mervis, following the diagnosis of his youngest of three children, Teddi, with a malignant brain tumor when she was nine years old
- Golisano Children's Hospital at Strong cares for more than 70,000 children every year and serves patients from 63 NY State counties
- Camp Good Days has served more than 41,000 campers from 22 different states and 25 foreign countries
- Golisano Children's Hospital at Strong is a 52 bed Regional NICU and the only one of its kind in the Finger Lakes Region
- Camp Good Days and Special Times provides all programs and services to participants free of charge
- Golisano Children's Hospital at Strong was rated the 20th best pediatric teaching program in the United States and Canada by US News and World Report in 2007

How Do I Register?

Stop into one of the participating clubs to sign up. You can choose your time slot and the amount of time you would like to cycle.

How Much Does It Cost To Participate?

Each hour on a bike is \$20, and you can ride for just one hour, or all six hours. Minimum amount of time on a bike is one hour and maximum is six hours.

Do I Have To Ride For All 6 Hours?

No! Ride for however long or short you'd like!

Can I Raise The Participation Cost In Pledges?

Yes! Pledge forms are available at any of the participating clubs, or may be printed from the website.

Do I Have To Be A Member Of a Club?

No! You can cycle at any participating club. You do not have to be a member of a club to register to cycle at that club. You can even have some fun by participating at a different club, even though you might belong somewhere else!

Where Does My Money Go?

All net proceeds will be divided evenly between Camp Good Days and Special Times and Golisano Children's Hospital at Strong.

www.cycle4hope.org

Camp Good Days and Special Times
624.5555

Golisano Children's Hospital at Strong
273.1462

Registration Form

I will be spinning at:

Please check one:

- Gold's Gym Eastside YMCA Flex Gym
 The Iron Butterfly Health Club Midtown Athletic Club
 Penfield Racquet & Fitness Canandaigua YMCA
 RAC - Greece Ridge RAC - Brighton RAC - Pittsford
 Bally Total Fitness - Henrietta Women's Only

Hour(s) I will be Spinning

Please check all that apply:

- 8-9 am 9-10 am 10-11 am
 11-12 pm 12-1 pm 1-2 pm

Total Amount Raised

\$20/hour = \$ _____

Additional Pledges = \$ _____

Total = \$ _____

* Prizes awarded for Highest Fundraiser

Name _____

Address _____

Phone _____

Email _____

Method of Payment Accepted

- Check-made payable to Camp Good Days & Special Times
 Cash MasterCard Visa Amex

Credit Card # _____ Exp. date _____

Signature _____

As a precondition to my involvement in the Cycle For Hope Activity, (the "Activity"), I have read the following and agree to its terms:
1. Assumption of Risk and Warranty of Physical Fitness. I am aware of the risks involved in the Activity and hereby consent to my involvement in the Activity. I voluntarily assume responsibility for risks of loss, property damage or personal injury, including death, which might occur. I warrant that I am physically fit and in a condition that will allow me to participate fully in the Activity. I represent that there is medical insurance that covers me for accidents while participating in this Activity, and I assume full responsibility for payment of medical expenses not covered by this insurance incurred as a result of my involvement.
2. Liability Release. I agree not to sue either Camp Good Days & Special Times or Golisano Children's Hospital, its Trustees, officers, employees, and agents (the "Organizations") and to release the Organizations from all liabilities, of any nature, which may arise out of any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, arising from the Activity, whether caused by the negligence, excepting gross negligence and willful misconduct of the Organizations.
3. Indemnification. I agree to indemnify the Organizations and hold them harmless from and against any loss, liability, damage or costs, including court cost and attorney's fees, that the Organizations may incur arising from my involvement in this Activity.
4. Emergency Medical Treatment. I grant the Organizations permission to authorize emergency medical treatment, as they deem appropriate. I understand and agree that the Organizations assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

Name of Participant (or guardian) _____

Date _____