

How long will you ride for them?



Cycle for Hope

is a **spinning event** that **ANYONE** can ride in, whether you're an avid cyclist or beginner.

Simply sign up at a club and

pledge \$25 an hour or more for

Camp Good Days and

Golisano Children's Hospital.



**Saturday,
March 26, 2022**

\$25/hour to ride

*All participants
will receive a
Cycle for Hope
long sleeve shirt!*



www.cycle4hope.org

How do I sign up?

Registration forms must be turned into the club where you are cycling.

WE NEED YOUR HELP MORE THAN EVER!

Take advantage of our online fundraising at www.cycle4hope.org and build your personal fundraising page. Email friends and family to ask for their support!

Golisano Children's Hospital at URMC is the only hospital of its kind in the region. GCH provides a spectrum of care that spans more than 40 specialty areas, serving the more than 85,000 children and their families each year. Patients come from every county in NYS seeking specialty care ranging from our NICU to congenital heart defects to pediatric cancer, to lung disease and eating disorders.

Camp Good Days is dedicated to improving the quality of life for children, adults, and families whose lives have been touched by cancer and other life challenges. Camp Good Days has served more than 50,000 campers from 22 states and 36 foreign countries. All programs are free of charge, thanks to generous donors like you!

Where can I ride?

Compass Cycle - 543 Atlantic Ave. • Rochester, NY 14609
585.350.5338 • compasscyclestudio.com • (8:00 am)

Cycle Craze - 109 Main Street • Geneseo, NY 14454
585-729-5474 • cycle-craze.com • (7:00 am)

M/Body - 1048 University Avenue • Rochester, NY 14607
585.434.2608 • mbodyrochester.com • (8am, 9am and 11am)

Penfield Sport & Fitness - 776 Panorama Trail West
Rochester, NY 14625 • 585.586.7777 • penfieldfitness.com
(TBD)

Schottland YMCA - 2300 W Jefferson Rd, Pittsford, NY 14534
rochesterymca.org/schottland (TBD)

Spoke Cycle & Fitness - 300 High Street, Victor, NY 14565
(585) 398-7615 • spokecycleandfitness.com • (10:30 am)

Vault Cycle and Fitness -10 Franklin Street, Rochester 14604
vaultrochester.com • 585 730-7824 (10:00 am)

Registration Form

I will be spinning at:

(Please check one)

- | | |
|---|--|
| <input type="checkbox"/> Compass Cycle | <input type="checkbox"/> Schottland YMCA |
| <input type="checkbox"/> Cycle Craze | <input type="checkbox"/> Spoke Cycle
(Victor location only) |
| <input type="checkbox"/> M/Body | <input type="checkbox"/> Vault |
| <input type="checkbox"/> Penfield Sport & Fitness | |

Hour(s) I will be spinning: 1 2 3

Total Amount Raised: \$25/hour=\$ _____

Other Pledges/Donations = \$ _____

Total = \$ _____

Shirt Size (adult sizes): S M L XL XXL

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 at URMC, its Trustees, officers, employees, and agents (the "Organizations") 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.
5. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Activity. I hereby release, covenant not to sue, discharge, and hold harmless Camp Good Days and Special Times or Golisano Children's Hospital at URMC, its directors, officers, employees, agents, and representatives, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Signature of Participant (or guardian)

Date