

How long will you ride for them?



**Cycle for Hope** is a **cycling marathon** that **ANYONE** can ride in, whether you're an avid cyclist or beginner. Simply sign up at a club and **raise \$25** an hour or more for **Camp Good Days and Golisano Children's Hospital.**



**Saturday,  
February 1, 2020**

**\$25/hour to ride**

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



[www.cycle4hope.org](http://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!** Simply raise **\$100** or more and you'll receive a 2020 **Cycle for Hope** water bottle and a cooling towel! Take advantage of our online fundraising at [www.cycle4hope.org](http://www.cycle4hope.org) and build your personal pledge page. Email friends and family to ask for their support today!

**Golisano Children's Hospital at URM**C 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?

**Athletic Apex** - 776 Panorama Trail West  
Rochester, NY 14625 • 585.586.7777 • [penfieldfitness.com](http://penfieldfitness.com)  
(8am – 1pm)

**Compass Cycle** - 543 Atlantic Ave. • Rochester, NY 14609  
585.350.5338 • [compasscyclestudio.com](http://compasscyclestudio.com) • (7:30am – 10:30am)

**Cycle Craze** - 109 Main Street • Geneseo, NY 14454  
585-729-5474 • [cycle-craze.com](http://cycle-craze.com) • (7am – 11am)

**Eastside YMCA** - 1835 Fairport Nine Mile Point Rd.  
Penfield, NY 14526 • 585.341.4000  
[rochesterymca.org/eastside](http://rochesterymca.org/eastside) • (7am – 11am)

**JCC** - 1200 Edgewood Ave. • Rochester, NY 14618  
585.461.2000 • [jccrochester.org](http://jccrochester.org) • (12pm – 1pm)

**M/Body** - 1048 University Avenue • Rochester, NY 14607  
585.434.2608 • [mbodyrochester.com](http://mbodyrochester.com) • (7am – 12pm)

**Midtown Athletic Club** - 200 E Highland Dr • Rochester, NY 14610  
585.461.2000 • [midtown.com/rochester](http://midtown.com/rochester) • (9am – 11am)

**RAC – Pittsford** - 3400 Monroe Ave. • Pittsford, NY 14618  
585.899.6666 • [Racwomen.com/rac-for-women-pittsford](http://Racwomen.com/rac-for-women-pittsford) • (8am – 2pm)  
(Last 2 hours are co-ed)

## Registration Form

### I will be spinning at:

(Please check one)

- Athletic Apex  
 Compass Cycle  
 Cycle Craze  
 Eastside YMCA

- JCC of Greater Rochester  
 M/Body  
 Midtown Athletic Club  
 RAC for Women - Pittsford

### Hour(s) I will be spinning:

(Please check all that apply)  
(Hours vary by club)

- 7-8am  8-9am  8:30-9:30  9-10am  9:30-10:30am  
 10-11am  10:30-11:30am  11-12 pm  12-1pm  1-2pm

**Total Amount Raised:** \$25/hour=\$ \_\_\_\_\_

FirstGiving Pledges & Other Pledges = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

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 URM, 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.

Signature of Participant (or guardian)

Date