



## 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, **raise \$20** an hour or more for **Camp Good Days** and **Golisano Children's Hospital**.



**GOLISANO**  
CHILDREN'S HOSPITAL



*Celebrating Courage  
Since 1979*

# How long will you ride for them?

## January 31, 2015

**\$20/hour to ride**

or  
Raise **\$200** for a  
Cycle for Hope  
Sweatshirt!



**Cycle for Hope**™

[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 **\$200** or more and you'll receive a **Cycle for Hope** ¼ ZIP SWEATSHIRT! Take advantage of our online fundraising (<https://www.firstgiving.com/383982/cycle-for-hope2015>) and build your personal pledge page. Email friends and family and ask for their support today!

**Golisano Children's Hospital at URM**C is the only hospital of its kind in the region. Golisano Children's Hospital cares for more than 74,000 children and their families every year. Patients come from every county in NYS seeking specialty care ranging from congenital heart defects to brain 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 45,000 campers from 22 states and 29 countries. All programs are free of charge, thanks to generous donors like you!

## Where can I ride?

### Downtown Fitness Club

50 Chestnut St.  
Rochester, NY 14604  
585.756.4090  
[downtownfitnessclub.com](http://downtownfitnessclub.com)

### Eastside Family YMCA

1835 Fairport Nine Mile Point Rd.  
Penfield, NY 14526  
585.341.4000  
[rochesterymca.org](http://rochesterymca.org)

### JCC of Greater Rochester

1200 Edgewood Ave.  
Rochester, NY 14618  
585.461.2000  
[jccrochester.org](http://jccrochester.org)

### Lotus Pedal

4 East Main Street  
East Bloomfield, NY 14469  
855.99.LOTUS  
[lotuspedalny.com](http://lotuspedalny.com)

### Penfield Sports & Fitness

776 Panorama Trail West  
Rochester, NY 14625  
585.586.7777  
[penfieldfitness.com](http://penfieldfitness.com)

### PUSH Fitness Center

1135 Fairport Road  
Fairport, NY 14450  
585.223.7874  
[push-fc.com](http://push-fc.com)  
(9AM -11AM ONLY)

### RAC for Women - Greece

1550 West Ridge Road  
Rochester, NY 14615  
585.621.3333  
[rochesterathletic.com](http://rochesterathletic.com)

### RAC for Women - Pittsford

3400 Monroe Ave.  
Pittsford, NY 14618  
585.899.6666  
[rochesterathletic.com](http://rochesterathletic.com)

### StudioMOVE!

16 Mendon Ionia Rd  
Mendon, NY 14506  
585-582-6384  
[studiomove.org](http://studiomove.org)

### Westside YMCA

920 Elmgrove Road  
Rochester, NY 14624  
585.247.3501  
[rochesterymca.org](http://rochesterymca.org)

## Registration Form

### I will be spinning at: (Please check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Downtown Fitness Club     | <input type="checkbox"/> PUSH Fitness Center       |
| <input type="checkbox"/> Eastside Family YMCA      | <input type="checkbox"/> RAC for Women - Greece    |
| <input type="checkbox"/> JCC of Greater Rochester  | <input type="checkbox"/> RAC for Women - Pittsford |
| <input type="checkbox"/> Lotus Pedal               | <input type="checkbox"/> StudioMOVE!               |
| <input type="checkbox"/> Penfield Sports & Fitness | <input type="checkbox"/> Westside YMCA             |

### Hour(s) I will be Spinning (Please check all that apply)

- |                                   |                                  |                                   |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> 8-9 am   | <input type="checkbox"/> 9-10 am | <input type="checkbox"/> 10-11 am |
| <input type="checkbox"/> 11-12 pm | <input type="checkbox"/> 12-1 pm | <input type="checkbox"/> 1-2 pm   |

### Total Amount Raised

\$20/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.

Name of Participant (or guardian) \_\_\_\_\_ Date \_\_\_\_\_

All participants will receive a Cycle for Hope t-shirt!

[www.cycle4hope.org](http://www.cycle4hope.org)