



HOPE IN MOTION WALK, RUN & RIDE

www.hope-in-motion.org

203.276.5920

Join us Sunday, June 6, 2010

RIDE READINESS PROGRAM INFO

April 1 until June 6

Free for Hope in Motion Ride Registrants

Registration Includes:

- 6 indoor group cycling classes per week at Health & Fitness Institute at Tully Health Center, Stamford
- 3 customized indoor cycling classes exclusively for Hope in Motion participants
- Outdoor weekend rides beginning in mid-April
- Nutrition and exercise clinics in April and May
- Bike Maintenance clinic hosted by Cycle Center on High Ridge Road, North Stamford

Who should participate?

- People who want to become distance riders
- People interested in achieving a great fitness goal
- People who want to ride in a group and meet other riders

Program is underwritten and provided by:

- Health and Fitness Institute at Tully Health Center (Stamford)
- KT Health & Fitness (Stamford)
- Cycle Center (High Ridge Road in North Stamford)

Registration:

- Program is free for all Hope in Motion Ride registrants.
 - A. Simply register to participate in the Ride on June 6 at www.hope-in-motion.org.
 - B. Complete registration form, waiver and health risk appraisal and send by email to fpessin@stamhealth.org, fax to (203) 276-2051 or bring to your first class/ride.
 - C. **Ride locations, class times and schedule for workshops will be emailed to all registered participants.**
- All skill levels are welcome.
- Notes: Minimum age of 18 for Indoor Cycling Classes; adult guardian required for weekend rides for participants under 16; Instructors/trainers reserve right to limit participation based on health risks.

For Info:

- General information and all details: FERN PESSIN (203) 276-5920 or fpessin@stamhealth.org
- Health and Fitness Institute - JINGER BERRY (jberry@stamhealth.org)
- KT Health & Fitness - ANTHONY MIRABEL (anthony.mirabel@kthealthandfitness.com)
- Cycle Center - JULIE VALVO (julievalvo@mac.com)

RIDE READINESS REGISTRATION

Name _____

Address _____

City, State, Zip Code _____

Email Address _____ Phone _____

Age: _____ () Male () Female

List your Primary Physician in case he/she might need to be contacted: _____

List an emergency contact: _____

HEALTH RISK APPRAISAL QUESTIONS

Please note that responses to these questions are required for participation. Answers may necessitate a personal evaluation by a fitness trainer prior to participation.

- Do you have high blood pressure, high cholesterol, heart murmurs, palpitations, or suffered a heart attack/stroke during the last five years? () Yes () No
- Do you have asthma or any other breathing problems when exercising? () Yes () No
- Do you smoke? () Yes () No
- Are you anemic? () Yes () No
- Have you ever felt dizzy, light headed or fainted during an exercise program? () Yes () No
- Are you currently overweight? () Yes () No
- Greater than 20 pounds? () Yes () No
- Do you have diabetes? () Yes () No
- Do you have any illness or disease or condition that would prevent you from exercising? () Yes () No
- Do you have back pain, neck pain, knee pain, hip pain, elbow pain or wrist pain? () Yes () No
- Have you had any major surgery or have you been hospitalized in the last year? () Yes () No

WAIVER/RELEASE

PARTICIPANT RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND CONSENT. All information will remain confidential. In consideration of being allowed to register and participate in the Hope in Motion Ride Readiness Program I, the undersigned, individually or as parent or legal guardian of a minor participant under 18, understand and agree that:

1. I hereby certify that I am, or the minor participant is, physically fit for the purposes of participating in the Ride Readiness Program and that I have not been informed to the contrary by a physician.
2. I am aware of the risks inherent in biking and exercising and that injury may occur as a result of participation in these activities, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
3. I, intending to be legally bound, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself or the minor child from participation and bring such hazard to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin or for the minor child on behalf of his or her heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, [INDEMNIFY AND HOLD HARMLESS] STAMFORD HEALTH SYSTEM, STAMFORD HOSPITAL FOUNDATION, THE HEALTH & FITNESS INSTITUTE, KT HEALTH & FITNESS, THE CYCLE CENTER and

THE CITY OF STAMFORD, and these entities' officers, officials, agents and/or employees, as well as other participants, sponsors, advertisers, volunteers, suppliers/vendors, and, if applicable, owners and lessees of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER OR NOT ARISING FROM THE NEGLIGENCE OF THE RELEASEES, resulting from participation in Ride Readiness training events, to the fullest extent permitted by law; and,

6. This provision only applies to parents or guardians of any minor under the age of 14 who will be participating in the event: I, as parent or legal guardian of the minor participant under the age of 14, agree to participate alongside said minor for the duration of the course, and, if I am not participating in the event, I agree to have another qualified adult participate alongside said minor for the duration of the course; and,

7. I consent that any photographs and/or video taken by photographers/ film crews shall remain the property of Stamford Hospital Foundation and grant permission for use of my name and/or picture or the minor participant's name and/or picture for the purpose of advertising, publicity, in-house publications, promotions or any other legitimate account of these events.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND CONSENT FORM, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND DO SO FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____

Parent's Signature (if participant is under age 18) _____