

Register soon to guarantee your spot! Only the first 250 riders to register will be admitted.

Rider Name: _____

Address: _____

Age: _____ (riders 16 and over only, please)

Email (riders will be notified of entry status): _____

Emergency Contact Name and Phone Number: _____

Bike Ride only fee: \$25

Check course you will ride :

- 62miles 40miles 18.5miles

Optional T-Shirt Available for extra \$10

Check size if purchasing a shirt:

- S M L XL

Register online at www.Active.com, or mail check and registration form to:

SHBC/FCMC

c/o Summit Health Development Office
785 5th Avenue, Suite 1
Chambersburg, PA 17201

Make your check payable to: **Summit Health Bike Club**



An Independent Licensee of the Blue Cross and Blue Shield Association

Together We Can
Make A Difference
CVBCA



an affiliate of Summit Health

A Nonprofit Service of Chambersburg Hospital



Franklin County Metric Century

Sponsored by
Highmark Blue Shield

Proceeds support local breast
cancer services at the
Rhonda Brake Shreiner
Women's Center
and
Cumberland Valley
Breast Care Alliance.

June 18, 2011



62, 40, 18.5
mile routes



Franklin County Metric Century

- Ride features 3 routes through scenic Franklin County
- All routes fully SAG supported
- Comfort stations with snacks
- Lunch is included in the registration
- Mechanical assistance available from Family Cycling
- All riders will be led out of town by the "Breast Fairy."

Ride Start: All riders start at 8:00 a.m. from Summit Health Center, 757 Norland Avenue, Chambersburg, PA.

Check In: 7:00 a.m. to pick up your SWAG bag and Cue Sheets

All riders must be pre-registered.
Only 250 registrations will be accepted.

100% of the ride proceeds
will support services
provided by

Cumberland Valley Breast
Care Alliance

and

Rhonda Brake Shreiner
Women's Center



The Cumberland Valley Breast Care Alliance is a faith based ministry whose mission is to provide current and updated education and information in the areas of breast cancer and preventive health care.



Rhonda Brake Shreiner Women's Center offers women 'one stop' care, while placing an emphasis on health habits, breast problems, menopause, osteoporosis, incontinence, other mid-life health issues, and lifestyle management.



Summit Health Bicycle Club Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of being permitted to participate in any way in the Summit sponsored bicycle club ("the Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin do hereby acknowledge, understand and agree to the following:

1. I am qualified, in good health, and in proper physical condition to participate in the Activity.
2. The Activity will be conducted over public roads and facilities open to the public where hazards can be expected, including the danger of collision with pedestrians, motor vehicles, other riders, and fixed and moving objects; the danger of road surface hazards including metal bridges, expansion joints, drain grates and painted lines which are particularly hazardous when wet; and also including weather conditions, inadequate safety equipment. I agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
3. HELMETS ARE REQUIRED. I agree that I will wear a helmet during all Activity;
4. Bicycling activities involve Risks and Dangers of Serious Bodily Injury, Including Permanent Disability, Paralysis, and Death, with accompanying risk of economic loss. Hereby Release, Discharge Chambersburg Hospital, Summit Health, their respective administrators, directors, agents, volunteers, employees, other participants, sponsors, advisors and if applicable, owners and lessors of premises on which the activity takes place (Releasees) from all Liability, Claims, Demands, Losses, or Damages I may incur in connection with the Activity. I hereby Release, Discharge Releasees from liability for any such injuries or damages Caused or Alleged to be Caused in whole or in part by the Negligence of the Releasees, including Negligent Rescue Operations; and I further agree that if, despite this release and waiver of liability, Assumption of Risk, and Indemnity Agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will Indemnify, Save, and Hold Harmless Each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Print Name: _____

Signature: _____

Date: _____

Waiver must be signed when you send in your registration form on the back of this brochure.