

## 4th Annual CVIM Cycling for Care

**Pledge donations due on or before June 30, 2012,  
to be included in prize drawings.**

\* Please return one registration per rider. Participants under the age of 16 must be accompanied by a parent or guardian during the ride.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Registration Fee: \$35.00 (\$10 late fee on ride day)

Ride Choice: please check one

☐ Metric Century (62 miles) ☐ Half Metric Century (31 miles)

Register securely online at: [www.cvim.net](http://www.cvim.net)

OR

Mail entry to: CVIM, 2520 Green tech Drive, Suite D  
State College, PA 16803

Checks made payable to: CVIM

### WAIVER AND RELEASE FROM LIABILITY (ALL PARTICIPANTS MUST SIGN):

I understand that my participation in this activity of biking on public roads in support of Centre Volunteers in Medicine is a potentially dangerous event, and hereby attest and affirm by my signature that I am sufficiently conditioned to complete this event. I hereby release Centre Volunteers in Medicine, and/or any individual(s) responsible for planning or sponsoring the CVIM Cycling for Care fundraising event, from any injuries that I may experience or damage to myself or personal belongings that may occur while attending or participating in this event. I understand that this entry fee is non-refundable.

By my signature I attest that I have read the above disclaimer in its entirety and agree to the conditions for which I am affirming to by my signature.

X \_\_\_\_\_

Signature (If under 18 years old, parent/guardian  
signature required)

***"You have given me  
the ability to smile  
with confidence and  
relieved my pain."***

*~ David G.*



### Centre Volunteers in Medicine

2520 Green Tech Drive, Suite D  
State College, PA 16803

Phone: 814-231-4043

Fax: 814-272-7167

E-mail: [eziegler@cvim.net](mailto:eziegler@cvim.net)

Website: [www.cvim.net](http://www.cvim.net)

The official registration and financial information of Centre Volunteers in Medicine may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



**Saturday**

**June 30, 2012**

**4th Annual  
Bike Ride**

**Metric Century (62 miles)**

**Half Metric Century Loop (31 miles)**

**Begins & Ends at**

**Fairbrook United  
Methodist Church**

**4201 W. Whitehall Road  
Pennsylvania Furnace, PA 16865**



Proceeds to benefit  
Centre Volunteers in Medicine  
Centre County's **FREE**  
medical and dental clinic



**Centre  
Volunteers  
in Medicine**

CVIM provides services to residents of Centre County who have no other access to health care and whose household income is at or below 200% of the federal poverty level. A family of four would qualify for services if their annual household income was less than \$44,100 in 2011.

**Case Management:** At CVIM, we understand that basic needs such as housing, heat and food are as important as your health. We offer case management services to anyone in the county to help them access other services and enroll in benefit programs.

**Medication Assistance Program:** CVIM is able to provide most medications at little or no cost which helps our patients manage a chronic illness or treat an acute condition.

**Cycling for Care** is a non-competitive ride through picturesque central PA to raise funds to provide health and dental care, case management and medication assistance for our uninsured neighbors in Centre County. Any cyclist who raises donations (not including registration fee) will be entered for a chance to win fabulous prizes. A list of prizes will be updated as received at [www.cvim.net](http://www.cvim.net). Donations must be received on or before June 30, 2012 to qualify.

<u>Route</u>	<u>Check-in</u>	<u>Start</u>
1	08:00	08:30
2	08:00	08:30
3	08:00	08:30
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96	08:00	08:30
97	08:00	08:30
98	08:00	08:30
99	08:00	08:30
100	08:00	08:30

Half Metric Century	9:00 am	10:00 am
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\$35 per rider\*

A \$10.00 late fee will be added on ride day.\*

Sponsored by:



**MOUNT NITTANY**  
HEALTH SYSTEM



**RESTEK** **HEALTHSOUTH**  
Nittany Valley Rehabilitation Hospital

## Rider's Name: \_\_\_\_\_

Total Amount Submitted:\$

[illegible]