

**The sooner you register the more likely you are to get a priority bike! Priority bikes will have both on bike computers as well as the motosumo indoor cycling app for tracking rotations. Bikes are limited so get registered today!**



**Cody Regional Health Foundation**

**Board Members**

Fran Baker, MD  
Laura Collier  
Rick Cook  
Kathleen DiVincenzo, MD  
Melissa Fraser  
Travis Graham, MD  
Michele Keith  
Carlene Lebus  
Melanie Lovelace  
Doug McMillan  
Peggy Rohrbach  
Karen Schipfmann  
Becky Stern  
Doug Weedin  
Annalea Avery, Director

**Cody Recreation Foundation**

**Board Members**

Nancy Axthelm  
Amber Boysen  
Tina Gail  
Rick Manchester  
Marc Thompson  
Doug Weedin

We would like to welcome your team to SPIN Cody!

The Cody Regional Health Foundation and the Cody Recreation Foundation are excited to have your team at the 2019 spring event SPIN Cody.

The event will be held on Saturday, March 23, 2019, from 9:00 AM until 3:00 PM. Our venue will be at the Paul Stock Aquatic and Recreation Center in Cody, Wyoming. The day will include multiple teams of bike riders competing in 20 minute heats. This event is intended to be fun for all participants at any level. There will be music, door prizes, and friendly competition. Please take a look at our included flyer!

Included in this packet is the rider pledge form which will need to be completed, along with each rider's waiver forms and turned back in to:

Annalea Avery, Race Director  
E: [aavery@codyregionalhealth.org](mailto:aavery@codyregionalhealth.org) P: 307-578-2338  
707 Sheridan Ave  
Cody, WY 82414

Your team is encouraged to decorate their bike, dress up, incorporate a theme and get excited about the awesome things this event will bring to the Cody community. Feel free to bring your own flair!

*SPIN Cody* will raise awareness and donations for Cody Regional Health Foundation and Cody Recreation Foundation. The Cody Recreation Foundation will utilize funds to develop a Mentock Park splash pad and the Cody Regional Health Foundation will assist with supporting early breast cancer detection and improve the health of women in our community by raising funds for a 3D Mammography machine.

We are pleased to support these valuable editions to our community. These projects will have the ability to enhance family well-being through recreation and enable women in our community to benefit from life-saving technology.

Thank you for support! We look forward to having you at our event!

Sincerely,

Melanie Lovelace  
Cody Regional Health Foundation  
Board Chair

Doug Weedin  
Cody Recreation Foundation  
Board Chair



## PARTICIPANT INFORMATION

I just wanted to reach out to you and say thank you so much for your commitment in being a part of this awesome event! This letter is to help clarify some of the questions you may be asking yourself right now.

### [What will the funds be used for?](#)

SPIN Cody will raise awareness and donations for Cody Regional Health Foundation and Cody Recreation Foundation. The Cody Recreation Foundation will utilize funds to develop a Mentock Park splash pad and the Cody Regional Health Foundation will assist with supporting early breast cancer detection and improve the health of women in our community by raising funds for a 3D Mammography machine.

We are pleased to support these valuable editions to our community. These projects will have the ability to enhance family well-being through recreation and enable women in our community to benefit from life-saving technology.

We hope the following information will assist you in acquiring donations.

### **Event Details**

The event will be held on **Saturday, March 23, 2019, from 9:00 AM until 3:00 PM**. Our venue will be at the Paul Stock Aquatic and Recreation Center in Cody, Wyoming. You are not required to stay all day but Teams are encouraged to support each other, decorate their bike, dress up, incorporate a theme and get excited about the awesome things this event will bring to the Cody community. There is a prize for the most creative team spirit!

The day will include multiple teams of bike riders competing in 20 minute heats. This event is intended to be fun for all participants at any level. There will be lunch provided for riders, music, door prizes, and friendly competition.

### [Where can you get more information about SPIN Cody?](#)

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

Annalea Avery, Race Director • 307-578-2338 • [aavery@codyregionalhealth.org](mailto:aavery@codyregionalhealth.org)

## Rider Information

### What have riders committed to?

You are one of several SPIN riders. Your commitment will be to ***SPIN for a 20 minute heat*** as well as to ***encourage people to pledge or donate*** in honor of your team, to assist in raising funds for a healthier life. Top fundraising teams will be put into a drawing for a special prize!

### What do you need from riders?

As a rider you will be ***required to sign a SPIN Cody waiver form***, please see the attached, to be turned back into the Cody Regional Health Foundation Office by Friday, February 22, 2019.

Each rider will receive a SPIN Cody gift and during the race day we will be tracking rider statistics and distances for our leaderboards.

You can send us any team forms or information at [foundation@codyregionalhealth.org](mailto:foundation@codyregionalhealth.org), 307-578-2338 or by stopping into the Cody Regional Health Foundation Office.

### What heat are the riders in?

When teams register participants were asked to choose one of the following heat times on your team pledge form. Check with your TEAM CAPITAN to find out what time you're registered for.

#### HEAT# Time

1	9:20-9:40 AM
2	9:50-10:10 AM
3	10:20-10:40 AM
4	10:50-11:10 AM
5	11:20-11:40 AM
6	11:50-12:10 PM
7	12:20-12:40 PM
8	12:50-1:10 PM
9	1:20-1:40 PM
10	1:50-2:10 PM

## Donation collecting

All teams, up to 10 riders, are asked to raise a minimum of \$1000, with an average of \$100 being raised by each rider. All funds are due by February 22, 2019 to guarantee a bike for your team. Riders are encouraged to raise more than the minimum, as they will be entered into a special drawing at the event. Please ensure all checks are made payable to Cody Regional Health Foundation. Fliers about the bike race are included for distribution. Tell your donors the facts. Your enthusiasm for the event will rub off on those around you.

## Receipts

Donations are tax deductible. A thank you letter/receipt will be sent to all donors upon receipt of their funds. If a cash donor would like to receive a thank you letter/receipt you will need to include their name and address on the enclosed pledge form.

## **Prizes**

All participants are eligible to win door prizes throughout the event. Top fundraising teams will be included in a special drawing at the end of the event for bigger and better prizes. There are also heat winner prizes, door prizes, and most creative team spirit prize!

## **Pledge forms**

Pledge forms with rider information will need to be returned with donations to the Cody Regional Health Foundation, 707 Sheridan Ave, Cody, WY 82414 by February 22, 2019.

If you have any questions or concerns, please contact your team captain for assistance or call the Race Headquarters at (307) 578-2338 or email [aavery@codyregionalhealth.org](mailto:aavery@codyregionalhealth.org)

## **Waiver Form**

All riders will need to sign our waiver form for security purposes. If riders are under the age of 18 we will also need a parental signature. It is recommended that riders be of the age 14 and up to ensure that they can fit safely on the spin bikes.

***Thank you for support! We look forward to having you at our event!***

# Stationary bike riding 101:

## Tips to help you and your riders gear up for a great ride

Team Captain – We appreciate your commitment to be at the race all day to welcome your riders and set them up correctly on your team’s stationary bike. These tips will assure the day goes smoothly:

**Moisture-wicking clothing.** You will sweat while indoor cycling, so wear a lightweight shirt or tank that will draw sweat away from your body and keep you cool.

**Padded cycling shorts.** Cushioned shorts will help protect you and make your ride much more enjoyable. Skip your normal underwear as the seamless chamois is designed to reduce friction and chafing. Time in the saddle will help more than anything in getting used to the position—attend a cycling class or go for a few bike rides outside.

**Stiff-soled shoes.** You can purchase cycling shoes or choose from your own sneakers—pick the ones that flex the least when you bend them in two. These will be more comfortable and also transfer more energy to your pedals to enhance your ride. Keep shoelaces tucked in.

**Bike set-up.** Adjust the saddle (seat) height to produce approximately a 20 degree bend in the knee when the leg is extended in a relaxed position. If a rider’s hips are rocking in the saddle it may be an indication that the seat is set too high. If the seat is too low, riding may cause undue strain on the knee. Be sure to tightly secure all adjustment pop-pins.

**Toe straps.** This is probably one of the most important adjustments and the number one cause of injury. Make sure your feet are secured tightly with the toe straps. If your foot slips out while spinning fast, a severe injury could result. If your foot should slip out, immediately use your brake to prevent the pedal from striking your leg.

**Stopping the spin bike.** To avoid injury, make sure you and your riders come to a stop using the brake on your bike rather than using your legs.

**Young riders.** It is great to have kids involved, but make sure the child is mature enough to ride and large enough to fit safely and securely with pedal straps tightened snugly.

# Team Registration/Pledge Sheet

(Every team is asked to raise at least \$1,000,  
an invoice can be submitted to you via email)



Team name: \_\_\_\_\_

Captains name: \_\_\_\_\_

Captain email: \_\_\_\_\_

Captain Phone: \_\_\_\_\_

Riders: Please return this form and donations to the Cody Regional Health Foundation 707 Sheridan Ave Cody, WY 82414  
total amount due by **February 22, 2019**. Checks payable to: Cody Regional Health Foundation

<b>CHOOSE HEAT ASSIGNMENT</b>		Name	Street Address	City, State Zip	Phone	Email	Donation Amount	
HEAT #	TIME						cash	ck
1	9:20-9:40 AM							
2	9:50-10:10 AM							
3	10:20-10:40 AM							
4	10:50-11:10 AM							
5	11:20-11:40 AM							
6	11:50-12:10 PM							
7	12:20-12:40 PM							
8	12:50-1:10 PM							
9	1:20-1:40 PM							
10	1:50-2:10 PM							
<b>TOTAL DONATION</b>								

Please return pledge form to [foundation@codyregionalhealth.org](mailto:foundation@codyregionalhealth.org) or fax to 307-578-2814 or mail to 707 Sheridan Ave Cody, WY 82414

Team: \_\_\_\_\_



### WAIVER AND RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First & Last Name of Participant      Date of Birth      M \_\_\_\_\_ or \_\_\_\_\_ F  
Gender

Address  
\_\_\_\_\_

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
City State Zip Work Phone Cell Phone

Email Address - Please print clearly  
\_\_\_\_\_

Do you wish to receive Emails from Us?      Circle:    YES      or      NO

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
\*First Name & Last Name of Parent/Guardian Printed      Work Phone      Cell Phone  
(Required if participant is under the age of 18 years)

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**I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST CODY REGIONAL HEALTH FOUNDATION AND CODY RECREATION FOUNDATION.**

Signed \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PARTICIPANT'S NAME (PRINT)

\_\_\_\_\_  
Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE (Required if participant is under the age of 18 years)

Team: \_\_\_\_\_



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First & Last Name of Participant      Date of Birth      M or F  
Gender

Address

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
City State Zip Work Phone Cell Phone

Email Address - Please print clearly

Do you wish to receive Emails from Us?      Circle:    YES    or    NO

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Team: \_\_\_\_\_



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Team: \_\_\_\_\_



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Signed \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PARTICIPANT'S NAME (PRINT)

\_\_\_\_\_  
Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE (Required if participant is under the age of 18 years)

Team: \_\_\_\_\_



### WAIVER AND RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First & Last Name of Participant      Date of Birth      M \_\_\_\_\_ or \_\_\_\_\_ F  
Gender

\_\_\_\_\_  
Address

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
City State Zip Work Phone Cell Phone

\_\_\_\_\_  
Email Address - Please print clearly

Do you wish to receive Emails from Us?      Circle:    YES      or      NO

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\_\_\_\_\_  
PARTICIPANT'S NAME (PRINT)

\_\_\_\_\_  
Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE (Required if participant is under the age of 18 years)

Team: \_\_\_\_\_



### WAIVER AND RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First & Last Name of Participant      Date of Birth      M or F  
Gender

Address

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
City State Zip Work Phone Cell Phone

Email Address - Please print clearly

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Team: \_\_\_\_\_



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First & Last Name of Participant      Date of Birth      M or F  
Gender

Address

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
City State Zip Work Phone Cell Phone

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Team: \_\_\_\_\_



### WAIVER AND RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First & Last Name of Participant      Date of Birth      M or F  
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\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
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