

JOIN THE FUN!
Saturday, May 21, 2016



Information Packet
www.dimensionshealth.org

Save the Date

Heart & Health

3rd Annual Bike Tour



Dimensions Healthcare System



———— Saturday, May 21, 2016 ————

Start from the Greenbelt Metro Station

Registration & Breakfast opens at
7:00 AM & the Push-Off is 8:00 AM

For more information on registration and sponsorships, please visit

www.dimensionshealth.org

or call the DHS Foundations Office at 240.456.2934.

NATIONAL BIKE MONTH

DID YOU KNOW THAT MAY IS NATIONAL BIKE MONTH?

In May, cyclists will take the roadways to show support of the global cycling community.

Sponsored by the League of American Bicyclists and celebrated in communities from coast to coast and established in 1956, National Bike Month is a chance to showcase the many benefits of bicycling — and encourage more folks to giving cycling a try.

Dimensions Healthcare System is excited to host the **3rd Annual Heart & Health Bike Tour** during May to help raise awareness about health benefits of cycling!

Cycling for health and fitness – a few tips:

Cycling is mainly an aerobic activity, which means that your heart, blood vessels and lungs all get a workout.

A good muscle workout – cycling uses all of the major muscle groups as you pedal.
Good for strength and stamina – cycling increases stamina, strength and aerobic fitness.

A fun way to get fit – the adventure and buzz you get from coasting down hills and being outdoors means you are more likely to continue to cycle regularly, compared to other physical activities that keep you indoors or require special times or places.

Time-efficient – as a mode of transport, cycling replaces sedentary (sitting) time spent driving motor vehicles or using trams, trains or buses with healthy exercise.

Peddle into the health benefits of regular cycling:

- Increased cardiovascular fitness
- Increased muscle strength and flexibility
- Improved joint mobility
- Decreased stress levels
- Improved posture and coordination
- Strengthened bones
- Decreased body fat levels
- Prevention or management of disease
- Reduced anxiety and depression

JOIN IN THE FUN!

A charity bike tour to benefit
Bowie Health Center, Laurel Regional Hospital and Prince George's Hospital Center
Cardiac Surgery Program, Internal Medicine and other Critical Medical Care Services

Register | Support a Team | Become a Sponsor

On Saturday, May 21, 2016, Dimensions Healthcare System will host the 3rd Annual Heart & Health Bike Tour. As our annual charity bike ride, proceeds will benefit Bowie Health Center, Laurel Regional Hospital and Prince George's Hospital Center through the Dimensions Healthcare System Foundations.

This year an anticipated field of 200 cyclists will gear up for the 25-mile (beginners) or 36-mile (experts) routes.

Early-bird (discount) registration is open now!

<http://3rdannualdhsheartandhealthbiketour.eventbrite.com>

Secure your spot at the starting line!
Invite a few friends and family to sponsor or join you for this family-fun event!

The Tour!



The Tour will originate from the Greenbelt Metro Station and wind through picturesque city roads and trails throughout Prince George's County. Cyclists will cross the finish line to an awards celebration and fun surprises.

Since inception, the Tour has raised over \$50,000 from generous donors, cyclists, corporate sponsors and community partners. With your support, we look forward to achieving this year's fundraising goal.

Thank you to all our past supporters! We look forward to seeing you this year at the starting line!

Here is a snapshot of our activities:

- Check-in: 7:00a-8:00a. Line-up & start: 8:00a-8:15a
- Healthy breakfast and lunch treats
- Warm up with on-site fitness pros
- Fun exercise sessions for the non-cyclists
- Health screenings and informational tables
- Gifts for all cyclists and sponsors

SPONSORSHIP OPPORTUNITIES

Join the fun as a sponsor at one of the levels below. Extend your brand, corporate goodwill and services for a great cause – our **heart & health**.

All Sponsors Receive:

Name or Logo on Event Banners, T-Shirts
Name and Logo on Event Page on DHS Website
Corporate Mentions during Recognition Ceremony
Sponsor Promo Article, Logo or Name mentioned in DHS Foundations Newsletter

Tour Bike: Presenting Sponsor \$7,500

Six (6) registrations
Opportunity to provide corporate remarks at start and finish
Photo of riding team
Logo in online event promotional booklet
Opportunity for on-site exhibit space

Road Bike: Starting/Finish Line Sponsor \$5,000

Four (4) registrations
Opportunity to provide opening remarks
Photo of riding team
Logo in event online promotional booklet
Opportunity for on-site exhibit space

Mountain Bike: Rest Stops/Health Screening Sponsor \$2,500

Three (3) registrations
Logo on special rest/hydration or health screening stations signs
Opportunity for on-site exhibit space

Racing Bike: Food Area Sponsor \$1,000

Two (2) registrations
Logo sign at food
Opportunity for on-site exhibit space

Cruiser Bike: Mile-Marker/Course Sign Sponsor \$350

One (1) registration
Logo exclusive mile-maker course sign

Individual Registrations – See Page 6



SPONSORSHIP | T-SHIRT | REGISTRATION

Please Return Forms to: Dimensions Healthcare System Foundations Office,
7300 Van Dusen Drive, 1st Floor, Laurel, MD 20707 or Fax to (301) 497-7953 or email
to dhsfoundations@dimensionshealth.org. **Keep a copy of all forms for your records.**

BIKE LEVEL SPONSORSHIPS:

- Tour: Presenting Sponsor (\$7,500) Racing: Food Area Sponsor (\$1,000)
 Road: Starting/Finish Line Sponsor (\$5,000) Cruiser: Mile-Marker Course Sign Sponsor (\$350)
 Mountain: Rest Stops/Health Screening Sponsor: (\$2,500)

T-SHIRTS:

Adult T-Shirt: XXL XL L M Youth T-Shirt: XXL XL L M

INDIVIDUAL REGISTRATIONS:

[For Boy Scouts Troops earning a Cycling Badge, please contact DHS Foundations for a Special Registration Form]

- Early-Bird Adult Registration (Before 4/1/2016) (\$25) Youth Cyclists (ages 16-18) Registration (\$20)
 Adult Registration (4/1 – 5/1/2016) (\$35) Senior Cyclists (age 65+) (4/1 – 5/1/2016) (\$20)
 All Cyclists (After 5/1/2016) (\$50)

Sponsorship Amount \$ _____ + Add'l Donation: \$ _____ = Total Payment: \$ _____

PAYMENT OPTIONS:

Name _____ Company _____
Address _____
Phone _____ Contact Email (Required) _____

A.) Please invoice company [If required, please include purchase order # _____]

B.) I will make an online payment at <http://3rdannualdhsheartandhealthbiketour.eventbrite.com>

C.) Make check payment payable to **Prince George's Hospital Center Foundation. Reference "3rd Bike Tour"**

D.) Credit Card Payment: Master Card Visa American Express Discover

Name as it appears on credit card/account _____

Credit Card# _____ CSC# _____ Expiration Date _____

Authorized Signature _____ Date _____

*This form serves as confirmation of your support as a sponsor or participant in the 3rd Annual Heart & Health Bike Tour. **QUESTIONS? Email: dhsfoundations@dimensionshealth.org or Call: 240-456-2934.***

Release and Waiver of Liability

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in this Dimension's Healthcare System (hereinafter "DHS") sponsored **Cycling Activity** (hereinafter "Activity"), I hereby, on behalf of myself, assigns, heirs, successors and next of kin, covenant and agree that:

1. DHS, its directors, officers, agents, servants, employees, sponsors, advertisers, other participants, volunteers and any and all persons and entities administering this ride ("releases") are hereby released and forever discharged from each and every manner of action, cause and causes of action, suits or liability, including but not limited to damages and losses of any kind arising out of my participation on this ride. Such excluded loss includes, but is not limited to all health care expenses, loss of income, pain, suffering, loss of function, disfigurement, emotional and mental distress, loss of consortium, property damage/loss, legal costs, interest, and attorney fees. I understand that this is a release in full, and that no recovery of any kind will be recovered from DHS. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement. I, or anyone on my behalf, make a claim against any of the releasees, I will indemnify, save, and hold harmless each named party from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

2. I understand the nature of Bicycling Activities and hereby state that I am qualified, in good health, and in proper physical condition to participate in such Activity.

3. I fully understand that:(a) **CYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS")**; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

4. I have sole responsibility for providing all equipment, including safety equipment that I deem necessary for this ride.

5. 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 AND INTEND IT 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, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature _____ Print _____ Date _____

By my signature above, I hereby certify that I am the registrant, have read this document; and, I fully understand and agree to its content.

Release and Waiver of Liability

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in this Dimension's Healthcare System (hereinafter "DHS") sponsored **Zumba and/or Spin Activity** (hereinafter "Activity"), I hereby, on behalf of myself, assigns, heirs, successors and next of kin, covenant and agree that:

1. DHS, its directors, officers, agents, servants, employees, sponsors, advertisers, other participants, volunteers and any and all persons and entities administering these activities ("releases") are hereby released and forever discharged from each and every manner of action, cause and causes of action, suits or liability, including but not limited to damages and losses of any kind arising out of my participation in these activities. Such excluded loss includes, but is not limited to all health care expenses, loss of income, pain, suffering, loss of function, disfigurement, emotional and mental distress, loss of consortium, property damage/loss, legal costs, interest, and attorney fees. I understand that this is a release in full, and that no recovery of any kind will be obtained from DHS. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement. I, or anyone on my behalf, make a claim against any of the releasees, I will indemnify, save, and hold harmless each named party from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
2. I understand the nature of these Activities and hereby state that I am qualified, in good health, and in proper physical condition to participate in such Activity.
3. I fully understand that:(a) **THESE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS")**; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
4. I have sole responsibility for providing all equipment, including safety equipment that I deem necessary to participate in these activities.
5. 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 AND INTEND IT 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, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature _____ Print _____ Date _____

By my signature above, I hereby certify that I am the registrant, have read this document; and, I fully understand and agree to its content.

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, The minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature _____ Print _____ Date _____

By my signature above, I hereby certify that I am the parent/guardian of the registrant, have read this document; and, I understand and agree to its content.

TOUR ROUTES & SAFETY

The 3rd Annual Heart & Health Bike Tour features two routes: A 25-miles (“Beginner”) and 36-miles (“Expert”). Both routes originate at the Greenbelt Metro Station and loop through the picturesque roads in Prince George’s County, Maryland.

All cyclists must wear bike helmets, obey clearly traffic signals and applicable road safety laws, with no exceptions. Roads may include automobile motorists and other vehicles. For your safety, please follow all instructions received with your bid number and other information to help ensure an enjoyable and safe cycling experience.

For more information or questions regarding the routes and road safety tips, please <http://www.princegeorgescountymd.gov/sites/Health/Resources/SeasonalHealthTips/Bicycle%20Safety/Pages/default.aspx>.

25-Mile “Beginner” Route

Name	Distance
Edmonston Rd Sprint - Cherrywood to Sunnyside	1.3 km
Powder Mill: Edmonston to Research Road.	2.0 km
Powder Mill, West to East, to Exit ramp of Soil Conservation	4.7 km
Powder Mill Road Climb 1	0.7 km
Powder Mill Road Climb 2	0.8 km
Powder Mill-Soil Conservation to Patuxent Reserve	2.6 km
Powder Mill Climb to Patuxent Refuge	0.7 km
Patuxent Refuge Loop	4.9 km
Patuxent Refuge Final Hill (fixed)	0.5 km
Powder Mill: Patuxent Refuge to 197	1.1 km
197 Hill #1	1.3 km
197 Cash Lake to Race Track Road.	3.5 km
Duckettown Road	2.5 km
Springfield--Duckettown to Beaver Dam	1.2 km
Beaver Dam--Springfield to Soil Conservation	2.5 km
Beaver Dam: Soil Conservation to Research Road	2.8 km
Beaver Dam--Soil Conservation to Edmonston	4.8 km
Beaver Dam: Research to Edmonston	2.9 km

36-Mile "Expert" Route

Name	Distance
Edmonston Rd Sprint - Cherrywood to Sunnyside	1.3 km
Edmonston: Beaver Dam to Powder Mill	0.4 km
Edmonston: Beaver Dam to Muirkirk	4.1 km
Powder Mill to Muirkirk via Old Baltimore Pike	3.5 km
Muirkirk Hill	0.4 km
Springfield: Odell to Capitol Technology University	0.8 km
Springfield: Odell to Sumner Grove	1.1 km
Springfield Road from Odell to Powder Mill Road	2.3 km
End Of Springfield Sprint	0.8 km
Powder Mill-Soil Conservation to Patuxent Reserve	2.6 km
Powder Mill climb to Patuxent	0.7 km
Patuxent refuge loop	4.9 km
Patuxent Refuge Final Hill (fixed)	0.5 km
Powder Mill: Patuxent Refuge to 197	1.1 km
197: Powder Mill to Laurel Bowie Road	3.4 km
197 Hill #1	1.3 km
197 Cash Lake to Race Track Road	3.5 km
Hillmeade northbound	2.6 km
Prospect Hill Road - Hillmeade to 193	1.4 km
Good Luck between Soil Conservation and Springfield	2.3 km
Beaver Dam--Springfield to Soil Conservation	2.5 km
Beaver Dam: Soil Conservation to Research Road	2.8 km
Beaver Dam--Soil Conservation to Edmonston	4.8 km
Beaver Dam: Research to Edmonston	2.9 km

Please note that promoted routes are subject to change based upon road closures and/or other requirements issued by Prince George's County Government. Notification of route changes will be distributed by email or made available at the event registration/check-in table on May 21, 2016.

**SAFETY FIRST
WEAR YOUR BIKE HELMET AT ALL TIMES, BRING WATER AND OBEY ALL TRAFFIC SIGNS!**



Proceeds from the 3rd Annual Heart & Health Bike Tour benefit the Cardiac Surgery Program, Internal Medicine and Other Critical Care Programs

Rebuilt from the ground up to bring enhanced care to the heart of Prince George's County, the cardiac surgery program at Prince George's Hospital Center (PGHC) has received training with one of the nation's best cardiac surgery programs, and an exciting new model of care is delivering superior outcomes to county residents.



New state-of-the-art operating suites offer the best in cardiac care.

- Heart Lung Machine
- Cerebral oxymetry monitoring equipment
- Cardiac operating room instruments, supplies and tables
- Endovascular vein harvesting equipment
- Rotem Lab testing equipment for platelet count and function
- Micro-Cardio Plegia Delivery System
- Extracorporeal Membrane Oxygenator (ECMO) machine
- Transesophageal Echocardiography (TEE) machine and probes

Patients and families first.

- A new patient care model enhances quality, safety, and the patient experience
- Universal Bed care delivery model in ICU
- Two intensivists staffing the CCU to help decompress the ICU
- Dedicated cardiac surgery physician assistants and nurse practitioners available 24/7 per week
- Multi-disciplinary team approach to patient care
- Adoption of UMMC patient care protocols and order sets for all phases of care
- A restructured Quality Program that measures performance against national standards and peer groups via the Society of Thoracic Surgery
- Comprehensive outpatient follow-up process to ensure continuity of care

Meet Dr. Jamie Brown, faculty member with the University of Maryland School of Medicine and heart surgeon at the University of Maryland Medical Center (UMMC). He's now performing cardiac surgery at Prince George's Hospital Center (PGHC).



Learn more about the partnership between UMMC and PGHC and how it's bringing an even higher standard of care to Prince George's County. **(control + click photo)**



**Bowie Health Center Foundation
Laurel Regional Hospital Foundation
Prince George's Hospital Center Foundation**

THANK YOU FOR YOUR SUPPORT!

To learn more about the cardiac, internal medicine and other health services available at Bowie Health Center, Laurel Regional Hospital and Prince George's Hospital Center, please visit us online:

www.dimensionshealth.org

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