

2009 GRITS EVENT REGISTRATION FORM

- Memorial Day Bike & Roller Blade Ride, Successfully completed.
- Labor Day Bike & Roller Blade Ride, Monday, September 7, 2009, Rockmart, Georgia
(Late Registration fees apply after August 31, 2009)
- Other Trail Event

- | <u>Ride Option*</u> | <u>Start Time</u> | <u>S</u> | <input type="checkbox"/> Adult Small |
|---|-------------------|----------|--|
| <input type="checkbox"/> 56 miles | 8:30 am | H S | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> 27 miles | 8:45 am | T - I I | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> 13 miles | 9:00 am | R Z | <input type="checkbox"/> Adult XLarge |
| <u>*These Ride Options are for the Labor Day Event.</u> | | T E | <input type="checkbox"/> Adult XXLarge |

Make checks payable to: **Grits, P.O. Box 292, Cedartown, Ga. 30125**

- \$20.00 for youths 15 and under (includes T-Shirt)
- \$25.00 for adults if received 7 days prior to scheduled event (includes T-shirt & eligible for door prize)
- \$30.00 for adults if received within 7 days of scheduled event (includes T-Shirt)

NAME: _____
(Please Print)

P.O. or STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO. _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE NO. _____

WAIVER (Must be signed to participate)

I hereby release the Polk County Chapter of the Georgia Rails Into Trails Society, Inc., and all sponsor or officials from any claims for myself or my heirs due to accident, injury, illness or damage to property which may directly or indirectly result from my participation in the scheduled event. I hereby certify that I am in proper physical condition to participate in this activity and that I have been advised to wear a helmet while riding.

Signature of Participant or Parent/Guardian if under 18 years of age

DATE: _____

For Ride Information E-Mail: rideinfo@silvercomet.org
General Info E-Mail: grits_ga@silvercomet.org
Or Phone Joe Anderson @ 770.748.0500