

Harmony Jubilee

Paulk Park  Fitzgerald, Georgia

2nd Annual Harmony Jubilee "Pedaling for a Purpose"

Foundation Bike Ride Registration Form

Net Proceeds benefit the Dorminy Medical Center Foundation

Saturday, August 11th, 2018 at Paulk Park Road

Metric Century - 62 Mile Ride: 7:45 A.M. (Sign-In from 7:00-7:45 A.M.)

30 Mile Ride: 7:45 A.M. (Sign-In from 7:00-7:45 A.M.)

7 Mile Ride: Begins at 10 A.M. (Sign-In from 8:30-9:45 A.M.)

Course description: Starts/Finishes on Paulk Park Cabin Road at the Airport entrance, next to the FFA barn. Ride Options: 7, 30 and 62 mile routes that take you through scenic country areas of Ben Hill and Irwin Counties. All routes are clearly marked and water stations will be setup along each route. No need to race, guaranteed food for all participants.

Age Divisions

7 mile route - \$20 entry fee (includes t-shirt) or \$30 late fee

30 mile route - \$30 entry fee (includes t-shirt) or \$40 late fee

62 mile route (Metric Century) - \$40 entry fee (includes t-shirt) or \$50 late fee



****Discount for 5K/7 mile participation - \$10 discount off total of both events**

August 6, 2018 is the last day for early registration (entry is available until the day of the race)

Please complete the form below and sign the waiver. Mail form and check to:

**DMC Foundation, ATTN: Harmony Jubilee "Pedaling for a Purpose" Bike Ride,
PO Box 1447, Fitzgerald, GA 31750. **Make checks payable to DMC Foundation.**

For more information contact: Holley Lee at 229-424-7107.

*****HELMETS REQUIRED. ANYONE UNDER AGE 16 MUST BE ACCOMPANIED BY AN ADULT*****

Name (please print): _____ Email: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Age: _____ Emergency Contact: _____

Please circle: **7 Mile 30 Mile 62 Mile** Gender: **M** or **F**

T-shirt Size: YS YM YL S M L XL (Included in registration fee)

Additional t-shirts are \$10: YS YM YL S M L XL

Enclosed Total
Amount:

Both as to myself, heirs, and personal representatives, I release all Harmony Jubilee committee members, personnel, volunteers, ANY associates, Dorminy Medical Center and the Foundation, Fitzgerald-Ben Hill Arts Council Board of Directors, Fitzgerald-Ben Hill Arts Council Members and advisors, Fitzgerald-Ben Hill County Chamber of Commerce, The City of Fitzgerald and Ben Hill County, and any aforementioned representatives from any and all liabilities and rights of action that may arise from any damage or injury which may sustain while attending or participating in this event. Furthermore, I declare that I am of good physical condition to participate in this event. Furthermore, I declare that I am of good physical condition to participate in this event and assume full responsibility for myself.

Signature of Participant: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____

*(Parent or Guardian's signature is required if participant is under 18 years of age)