2015 ECCC Release Packet

PLEASE PRINT LEGIBLY & SIGN ALL PAGES!

USA CYCLING/UCI LICENSE NUMBER: _____

FIRST NAME: _____

LAST NAME: _____

SCHOOL: _____

ECCC CAT:
MEN A: ◯ **MEN B:** ◯ **MEN C:** ◯ **MEN D:** ◯ **MEN INTRO:** ◯
WOMEN A: ◉ **WOMEN B:** ◯ **WOMEN C:** ◯ **WOMEN D:** ◯ **WOMEN INTRO:** ◯

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ _____ _____ **DOB:** ___/___/_____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____ _____ _____

 # OF YEARS RACING: _____ **# OF YEARS COLLEGIATE RACING:** _____

YEAR IN SCHOOL: _____ **GRADUATION YEAR:** _____ **DEGREE:** **UNDER:** ◉ **GRAD:** ◯ **DOC:** ◯

HOW MANY RACING DAYS DO YOU PLAN TO ATTEND THIS ECCC SEASON? (16 max) : _____

ASSIGNED BIB NUMBER: _____

Code of Conduct

The undersigned recognizes and understands that participation in Eastern Collegiate Cycling Conference (ECCC) events is subject to the rules and policies of the ECCC and USA Cycling.

It is the goal of the ECCC to conduct and maintain a collegiate cycling community that is free of harassment and discrimination in an effort to promote an environment of respect that will be extended into the broader cycling community as well. The ECCC recognizes and affirms the equal humanity and identities of all people, without regard to their various characteristics, including but not limited to:

- Race;
- Ethnicity;
- Sex;
- Gender;
- Perceived gender identity;
- Sexual orientation;
- Religion;
- Or other immutable characteristics.

All people are welcome and are to be equally included in all ECCC events. All conference participants, including but not limited to racers, coaches, spectators, officials, and conference personnel, are expected and required to abide by this policy.

To encourage a healthy environment and community, the following behavior, actions, and items are specifically emphasized as prohibited at ECCC events and in the regular activities associated with conference participation, including travel and overnight stays as well as team meetings and training:

- Physical, sexual, or emotional abuse, including but not limited to:
  - Any non-consensual sexual contact or advance, or other inappropriate sexually oriented behavior, action, or language, whether directed at a person or group or in general conduct;
  - Any non-consensual physical contact or threatening language or behavior;
  - Hazing, bullying, harassment, or obscene language, gestures, or behavior.

- The use of illegal or forbidden drugs and alcohol, including but not limited to:
  - Consumption of alcohol by a participant under 21 years of age;
  - Providing alcohol, tobacco, or other substances to any participant under 21 years of age;
  - Abuse of alcohol in the presence of a participant under the age of eighteen (18);
  - Use of forbidden performance enhancing drugs and techniques.

- Improper, destructive, or dangerous behavior and items, including but not limited to:
  - Public urination and nudity;
  - Intentional damage to private or public property;
  - Firearms, fireworks, unauthorized or uncontrolled fires, and other safety hazards.

The undersigned understands and recognizes that while these prohibited behaviors, actions, and items are specifically emphasized here, this list is not exhaustive. More details and information are available in ECCC and USA Cycling policy documentation or from conference representatives.

_____ _____

Participant Signature Date

_____ _____

Parent/Guardian Signature (if participant under 18 years of age) Date

2015 USA Cycling Competitive and Non-Competitive Event Release Form

The following event release form has been approved by USA Cycling, Inc. If reproduced, it must be in a minimum of 10 point type and retain the exact same formatting.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME The Garden State Collegiate Weekend

EVENT DATE(S) 3/7/2015-3/8/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

In consideration of the issuance of a license to me by one or more Releasees or the acceptance of my application for entry in the above event, I hereby freely agree to and make the following contractual representations and agreements.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZER OF THIS EVENT, USA CYCLING, INC. (USAC), USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND THEIR RESPECTIVE AGENTS, INSURERS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, OFFICIALS, SPONSORS, EVENT DIRECTORS, LOCAL ASSOCIATIONS, AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL RACES AND ACTIVITIES ENTERED AT THE EVENT, REGARDLESS WHETHER OR NOT LISTED ABOVE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THIS EVENT, whether as a rider, official, coach, mechanic, volunteer, spectator, or otherwise, and **FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING,** by way of example, and not limitation: dangers associated with man-made and natural jumps; the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the event organizer and others, **THE RELEASEES' OWN NEGLIGENCE,** and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the event. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers and promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the event will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW,** which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or return from the event. I agree it is my sole responsibility to be familiar with the event course and agenda, the Releasees' rules, and any special regulations for the event and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the event which may be beyond the control of the Releasees, and I must continually ride and otherwise participate so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with this event. I will wear a helmet which satisfies the requirements of the Releasees' Racing Rules or Regulations and that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet and any modifications or attachments thereto. I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event. I understand and agree that the UCI Anti-Doping Rules and U.S. Anti-Doping Agency (USADA) Protocol apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of the UCI and/or my national federation, if referred by USADA.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I ATTEST THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER [19 IN ALABAMA] (OR THAT IF I AM YOUNGER , MY PARENTS OR LEGAL GUARDIAN HAVE EXECUTED THIS WAIVER BELOW), AND THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH THE PROGRAM OR EVENTS AND MY PARTICIPATION IN SUCH PROGRAM OR EVENTS IS VOLUNTARY.

_____ _____

Signature of Entrant AGE

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____(Child). My Child is fit for the event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** and our heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the event, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the event.

_____

Signature of Parent or Legal Guardian

2015 USA Cycling Competitive and Non-Competitive Event Release Form

The following event release form has been approved by USA Cycling, Inc. If reproduced, it must be in a minimum of 10 point type and retain the exact same formatting.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME Rockland Lake Circuit Race

EVENT DATE(S) 3/14/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

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I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

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Signature of Entrant AGE

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_____

Signature of Parent or Legal Guardian

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PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME Rutgers Campus Criterium

EVENT DATE(S) 3/15/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

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I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

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Signature of Entrant AGE

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Signature of Parent or Legal Guardian

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PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME Philly Phlyer

EVENT DATE(S) 3/21/2015-3/22/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

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Signature of Entrant AGE

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____(Child). My Child is fit for the event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** and our heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the event, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the event.

_____

Signature of Parent or Legal Guardian

2015 USA Cycling Competitive and Non-Competitive Event Release Form

The following event release form has been approved by USA Cycling, Inc. If reproduced, it must be in a minimum of 10 point type and retain the exact same formatting.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME MIT/Tufts Beanpot 2015

EVENT DATE(S) 3/28/2015-3/29/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

In consideration of the issuance of a license to me by one or more Releasees or the acceptance of my application for entry in the above event, I hereby freely agree to and make the following contractual representations and agreements.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZER OF THIS EVENT, USA CYCLING, INC. (USAC), USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND THEIR RESPECTIVE AGENTS, INSURERS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, OFFICIALS, SPONSORS, EVENT DIRECTORS, LOCAL ASSOCIATIONS, AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL RACES AND ACTIVITIES ENTERED AT THE EVENT, REGARDLESS WHETHER OR NOT LISTED ABOVE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THIS EVENT, whether as a rider, official, coach, mechanic, volunteer, spectator, or otherwise, and **FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING,** by way of example, and not limitation: dangers associated with man-made and natural jumps; the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the event organizer and others, **THE RELEASEES' OWN NEGLIGENCE,** and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the event. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers and promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the event will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW,** which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or return from the event. I agree it is my sole responsibility to be familiar with the event course and agenda, the Releasees' rules, and any special regulations for the event and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the event which may be beyond the control of the Releasees, and I must continually ride and otherwise participate so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with this event. I will wear a helmet which satisfies the requirements of the Releasees' Racing Rules or Regulations and that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet and any modifications or attachments thereto. I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event. I understand and agree that the UCI Anti-Doping Rules and U.S. Anti-Doping Agency (USADA) Protocol apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of the UCI and/or my national federation, if referred by USADA.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I ATTEST THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER [19 IN ALABAMA] (OR THAT IF I AM YOUNGER , MY PARENTS OR LEGAL GUARDIAN HAVE EXECUTED THIS WAIVER BELOW), AND THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH THE PROGRAM OR EVENTS AND MY PARTICIPATION IN SUCH PROGRAM OR EVENTS IS VOLUNTARY.

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Signature of Entrant AGE

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Signature of Parent or Legal Guardian

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PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME Army Spring Classic

EVENT DATE(S) 4/4/2015-4/5/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

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Signature of Entrant AGE

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Signature of Parent or Legal Guardian

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PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME UVM Green Mountain Weekend

EVENT DATE(S) 4/11/2015-4/12/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

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_____ _____

Signature of Entrant AGE

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Signature of Parent or Legal Guardian

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PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME Dartmouth L'Enfer du Nord

EVENT DATE(S) 4/18/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

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Signature of Parent or Legal Guardian

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PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME Live Free and Ride

EVENT DATE(S) 4/19/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

In consideration of the issuance of a license to me by one or more Releasees or the acceptance of my application for entry in the above event, I hereby freely agree to and make the following contractual representations and agreements.

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I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THIS EVENT, whether as a rider, official, coach, mechanic, volunteer, spectator, or otherwise, and **FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING,** by way of example, and not limitation: dangers associated with man-made and natural jumps; the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the event organizer and others, **THE RELEASEES' OWN NEGLIGENCE,** and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the event. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers and promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the event will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW,** which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or return from the event. I agree it is my sole responsibility to be familiar with the event course and agenda, the Releasees' rules, and any special regulations for the event and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the event which may be beyond the control of the Releasees, and I must continually ride and otherwise participate so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with this event. I will wear a helmet which satisfies the requirements of the Releasees' Racing Rules or Regulations and that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet and any modifications or attachments thereto. I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event. I understand and agree that the UCI Anti-Doping Rules and U.S. Anti-Doping Agency (USADA) Protocol apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of the UCI and/or my national federation, if referred by USADA.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I ATTEST THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER [19 IN ALABAMA] (OR THAT IF I AM YOUNGER , MY PARENTS OR LEGAL GUARDIAN HAVE EXECUTED THIS WAIVER BELOW), AND THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH THE PROGRAM OR EVENTS AND MY PARTICIPATION IN SUCH PROGRAM OR EVENTS IS VOLUNTARY.

_____ _____

Signature of Entrant AGE

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____(Child). My Child is fit for the event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** and our heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the event, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the event.

_____

Signature of Parent or Legal Guardian

2015 USA Cycling Competitive and Non-Competitive Event Release Form

The following event release form has been approved by USA Cycling, Inc. If reproduced, it must be in a minimum of 10 point type and retain the exact same formatting.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE 2/16/2015

EVENT NAME 2015 Nittany Cycling Classic

EVENT DATE(S) 4/25/2015-4/26/2015

RACE(S)/ACTIVITY(IES) ENTERED Women A

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2015) 2,015

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

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_____

Signature of Parent or Legal Guardian