



**Inner City Cycling Connection**

**A 501(C3) Non-Profit Organization**

P.O. Box 82311  
Los Angeles, CA 90082

OFFICE USE ONLY	
Review By	_____
Race Number	_____
Status	_____
Other Info	_____

**Office: (323)839-5012 Fax: (323)291-2582 Email: ic3cycling@gmail.com**

**www.innercitycycling.org**

## Cyclist Registration Information

### CYCLIST INFORMATION (Please Print Clearly)

Applicant Name	_____			
	Mr./Ms./Mrs.	First Name	M.I.	Last Name
Mailing Address	_____			
	Address	Street	Apt. #	
Contact Information	City		State	Zip Code
	( )	( )	( )	
	Day Time Phone No.	Evening Phone No.	Cell Phone No.	
	Fax No.: ( )	Email Address:		
	Birthday:			
	<b>RACING EVENT NAME</b>		<b>RACING DATE</b>	
Are You A Returning Racer To This Event	Yes [ ] No [ ]			
Previous Year(s) Of Participation	_____		Payment Type: Online Pay Via IC3 Website [ ] Cash [ ] Check [ ] Money Order [ ]	
Are there any medical conditions Inner City Cycling Connection, Inc. needs to be aware of?				

### PLEASE PROVIDE EMERGENCY CONTACT INFORMATION

Physician/Doctor Name:	Physician/Doctor No:	Medical Issues:
Name:	Phone No:	Relationship:
Name:	Phone No:	Relationship:
Name:	Phone No:	Relationship:

### RACING INFORMATION

(Please place a check mark by your participating category or categories)

RACING CATEGORIES	START TIME	END TIME	TOTAL TIME	OTHER DETAILS
CATEGORY A [ ]				
CATEGORY B [ ]				
CATEGORY C [ ]				
CATEGORY D [ ]				
CATEGORY E [ ]				

## QUESTIONNAIRE

(Please take a moment and answer the questions below so that we can continuously improve on our quality of service)

How did you hear about us?	
Do you have any prior professional bicycle racing experience? If yes, how many years?	
Name of professional races participated in before	
Is there any professional cyclist information in your family?	Yes [ ] No [ ]
Other service(s) or races you would like to see IC3 develop	
Additional comment(s)	

**MAKE ALL CHECKS/MONEY ORDER PAYABLE TO: INNER CITY CYCLING CONNECTION, INC.**

**YOU CAN PAY YOUR REGISTRATION FEE AND FILL OUT THE CYCLIST REGISTRATION FORM ON OUR WEBSITE. JUST CLICK THE CYCLIST REGISTRATION LINK LOCATED UNDER APPLICATION FORMS. THE PAYPAL PAYMENT BUTTON IS AT THE BOTTOM OF THAT PAGE. YOU MAY ALSO PAY IN PERSON BY CASH, CHECK, OR MONEY ORDER.**

**THE FEE FOR A PARTICULAR EVENT VARIES FROM RACE TO RACE. INNER CITY CYCLING CONNECTION, INC. WILL INFORM YOU OF THE REGISTRATION FEE FOR A RACING EVENT.**

### CHECK-IN INFORMATION

(Cyclists please have the following at check-in the day of the event)

- A photo I.D.
- A copy of the application you submitted.
- Payment confirmation (i.e.: PayPal receipt, money order stub, cash receipt, Inner City Cycling Connection, Inc. receipt).
- Check-in and registration must be done no later than 30 minutes before the event starts. You face forfeiture of fees and participation if you try to sign in after then.

### \*\*\*\*NOTICE\*\*\*\*

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING THE RISKS ASSOCIATED WITH CYCLING, AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY INNER CITY CYCLING CONNECTION, INC., IT'S ASSOCIATIONS, CORPORATION BOARD OF DIRECTORS, IT'S RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS ENTRY BLANK AND RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES PERTAINING TO INNER CITY CYCLING CONNECTION, INC., REGARDLESS WHETHER OR NOT LISTED ABOVE. IN ADDITION, BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FACT THAT INNER CITY CYCLING CONNECTION, INC. AND ITS AFFILIATES (COLLECTIVELY "RELEASEES") ARE IN NO WAY LIABLE FOR ANY INJURIES SUSTAINED OR LOSS OF PROPERTY DURING PARTICIPATION AT THIS EVENT OR AT ANY OF ITS RELATED FUNCTIONS.

IN ADDITION, BY SIGNING THIS CONTRACT/REGISTRATION FORM, I AM AGREEING TO ALL TERMS AND CONDITIONS SET FORTH BELOW. (PLEASE INITIAL)

- \_\_\_\_\_ (MEDIA RELEASE) I give permission for photos, video footage, and audio of the person listed in this contract taken at INNER CITY CYCLING CONNECTION, INC. and its related functions to be used for all promotional purposes (website, myspace, facebook, magazine, flyers, posters, television, radio, etc.)
- \_\_\_\_\_ (REGISTRATION PAYMENT) The registration fee is due with this application. A \$25 assessment fee will be applied to all returned checks. A late registration fee may be applied for late registration.
- \_\_\_\_\_ (CANCELLATION POLICY) I agree to provide INNER CITY CYCLING CONNECTION, INC. written notice 15 days prior to any withdrawal in order to get a registration fee refund.
- \_\_\_\_\_ (ORIENTATION BOOKLET) I receive, read, and fully understand our orientation booklet (if any provided) and all it contains including our racing policies, dress code, and payment policies, if any is provided.

**After filling the form out, please email it to [ic3cycling@gmail.com](mailto:ic3cycling@gmail.com) or drop it off at a designated location.**

I HAVE READ ALL THE TERMS AND CONDITIONS SET FORTH IN THIS CONTRACT AND UNDERSTAND THEM FULLY.

Cyclist Signature \_\_\_\_\_ DATE \_\_\_\_\_