EVENT NAME _____ **PERMIT #** _____

EVENT DATE(S) _____ **SET-UP/TEAR-DOWN DATE(S) ($25/DAY)** _____

ROAD/TRACK/CYCLOCROSS COMPETITIVE EVENT PERMIT APPLICATION

(REV. 2012)

210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919-2215 * ph: 719/434-4200 * f: 719/434-4300 * www.usacycling.org

For competitive events only. Applications must be submitted to USA Cycling no later than six weeks in advance of the event date.

ROAD/TRACK/CYCLOCROSS EVENT TYPES

❑NRC ❑UCI						
❑STATE	❑Road Race	❑Cyclocross	❑Criterium	❑Series Race	❑Collegiate	❑LAJORS
❑LOCAL	❑Track Race	❑Time Trial	❑Stage Race	❑Amateur Only	❑Open (Pro-Am)	❑Other

EVENT INFORMATION PLEASE PRINT, OR PERMIT THIS EVENT ON-LINE AT WWW.USACYCLING.ORG AND AVOID THE $50 PAPER PROCESSING FEE.

EVENT LOCATION (city, state)		
SPONSORING USA CYCLING MEMBER CLUB(S) [UP TO 5 CLUBS]		
EVENT DIRECTOR		
PRIMARY CONTACT	TELEPHONE ( )	
ADDRESS	FAX ( )	
CITY	STATE	ZIP
EVENT WEBSITE	E-MAIL	

PERMIT FEE WORKSHEET

For all Road/Track/Cyclocross Competitive permitted events. Cancellation of event will result in a $50 fee.

Event Category	Highest Payout for Any One Category	Permit Fee for All Events Per Day	Permit Fee Formula
A	$10,000+	7% of total prize list	Total prize list $ _____ x 7% = $_____ = Permit Fee
B	$5,000 - $9,999	7% of total prize list	Total prize list $ _____ x 7% = $_____ = Permit Fee
C	$2,000 - $4,999	7% of total prize list	Total prize list $ _____ x 7% = $_____ = Permit Fee
D	$500 - $1,999	$50 per day	Number of Days _____ x $50 = $_____ = Permit Fee
E	$0 - $499	$25 per day	Number of Days _____ x $25 = $_____ = Permit Fee
Set up date		$25 per day	Number of Days _____ x $25 = $_____ = Permit Fee

TRAINING RACE SERIES PERMIT - State championship series are not eligible

A training race series is a sequence of race meets of the same kind conducted on a regular basis at the ***same location, time and day of the week*** (state championship series are NOT eligible). A prize list of less than $499 per day may be offered. Fee: 1-3 days = $15.00, 4-30 days = $50. All State Championships are at least a category D event. All riders must be licensed and sign waivers. Promoters pay $3.00 (per rider per day) for insurance coverage.

PERMIT FEE TOTAL

Permit Fee =
Set-up/Tear-Down fee =
Late filing fee = (within 6 weeks of event) + $100
Rush filing fee = (within 2 weeks of event) + $150
Paper processing fee + 50

TOTAL PERMIT FEE DUE: _____

INSURANCE SURCHARGE is $3.00 per rider per day and must be submitted in full with post event report.

All riders must be licensed and sign waivers.

NO REFUNDS ON RUSH FILING FEES, LATE FILING FEES, PAPER PROCESSING, OR AUTO/MOTO INSURANCE FEES

NO REFUNDS NO EXCEPTIONS

Due to insurance and reporting obligations, your Post Event Report and subsequent paperwork must arrive at USA Cycling within 21 days of your event. Event reporting and paperwork must be sent in after each race in a series of races. Additional service fees will apply to all late filings: $50 if within 22-30 days of event, $100 if within 31-60 days of event. After 60 days you may face future permit cancellations/suspensions. Please avoid this and remit all fees on time.

Form of payment: ❑ **Check** ❑ **Money Order** ❑ **VISA** ❑ **MasterCard**

Credit Card #: _____ Expiration Date: _____ Signature: _____

Cardholder Name: _____ Cardholder Address: _____

The undersigned, as agent of the sponsoring clubs and event director (collectively, "Organizers"), having read the information in the accompanying permit packet, agree to the same, and agree to abide by and enforce the rules, regulations and decisions of USA Cycling, Inc. (USAC) and its agents and officials. Organizers agree to defend, to hold harmless and to indemnify USAC and its agents and officials against any and all costs, claims, legal fees and liabilities which are connected with or arise directly or indirectly out of the preparation for or conduct of the above event(s); to cooperate with USAC and its agents in the event of any personal injury or other claims and/or other legal action(s) arising out of the above event(s) and to make available to USAC, upon request, all records of the event(s) including, but not limited to, participant entry forms and waivers. Organizers agree to maintain copies of the event participant and volunteer waivers for a minimum of 10 years and acknowledge this is a condition of the Organizers' insurance coverage. It is understood and agreed that USAC makes no warranties, expressed or implied, to the Organizers, to entrants, competitors, volunteers, spectators, or to any other person. USAC is not a promoting organization. Organizers understand any permit issued by USAC is not assignable to another event. By signing this form, Organizers agree that Organizers are responsible for all insurance surcharges and race fees due to USAC. This permit does not create a principal-agent relationship between the parties thereto. Organizers understand that if they would like to insure any non-owned/hired automobiles and/or motorcycles with USAC, they must complete and submit the non-owned/hired automobile and/or motorcycle insurance application with accurate payment. Organizers also understand that if they do NOT complete and submit on time the non-owned/hired automobile and/or motorcycle insurance application, any automobiles and/or motorcycles at their event will not be covered by USAC insurance. Organizers will be responsible for reimbursing USAC related to any ACH returns, credit card chargebacks, other disputes, or disallowances associated with funds collected and processed by USAC on Organizers' behalf. Organizers agree to collect and remit all sales and/or use taxes arising from taxable transactions, including but not limited to taxable transactions processed through the USAC online event registration program. Organizers agree to defend and indemnify USAC against any and all claims brought by any taxing jurisdiction arising from Organizers' failure to collect and remit appropriate sales and/or use taxes.

Organizer's Signature _____ **Date** _____

Regional Coordinator/Local Association _____ **Date** _____

USAC Authorized Signature _____ **Date** _____

DISTRIBUTION: WHITE - USAC YELLOW - INSURANCE PINK - REGIONAL MANAGER GOLD - PROMOTER