

2010 USA Cycling Programs Waiver and Release Form

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE _____
PROGRAM NAME _____
PROGRAM DATE(S) _____
CLUB/TEAM NAME _____
ANNUAL LICENSE # _____
RACING AGE (as of December 31, 2010) _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____
Emergency Contact _____
Emergency Contact Phone _____
Medical Insurance Carrier _____
Medical Policy Number _____

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 PROGRAM (WHICH TERM INCLUDES ALL EVENTS AND RACES IN CONNECTION WITH THE PROGRAM), AND USA CYCLING, INC. (USAC), ITS ASSOCIATIONS (THE UNITED STATES CYCLING FEDERATION (USCF), NATIONAL OFF ROAD BICYCLE ASSOCIATION (NORBA), NATIONAL COLLEGIATE CYCLING ASSOCIATION (NCCA), U.S. PROFESSIONAL RACING ASSOCIATION (USPRO), AND BMX ASSOCIATION (BMXA)), AND USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND UNITED STATES OLYMPIC COMMITTEE, AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS WAIVER AND RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL PROGRAM RACES, EVENTS AND OTHER ACTIVITIES. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

In consideration of the issuance of a license to me by one or more Releasees and being allowed to participate in the Program, I hereby freely agree to and make the following contractual representations and agreements.

I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THE PROGRAM, whether as a rider, official, coach, mechanic, volunteer, or otherwise, and **FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING,** by way of example, and not limitation: dangers associated with metabolic testing including but not limited to VO2, windgate, lactate threshold verification, and field testing; dangers associated with weight and strength conditioning; 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 any of Releasees and others, **THE RELEASEES' OWN NEGLIGENCE,** the negligence of others and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the Program. 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 the Program, and their respective agents, officials, and employees through or by which the Program 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 Program, or travel in connection with the Program. I agree it is my sole responsibility to be familiar with all Program event courses and agendas, the Releasees' rules, and any special regulations for the Program and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the Program 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 the Program. 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. I have no physical or medical condition which would endanger myself or others if I participate in the Program, or would interfere with my ability to safely participate in the Program.

I understand that drug testing may be conducted for participants in the Program and that the use of blood boosting or substances prohibited by Releasees' rules would make me subject to penalties including, but not limited to, disqualification and suspension. I agree to be subject to drug testing if selected, and its penalties if I fail to comply with the testing or am found positive for the use of a banned substance.

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 Program. 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.

Signature of Entrant

AGE

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of _____ (Child). My Child is fit for the Program, 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 Program, **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 Program.

Signature of Parent or Guardian

2010 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 _____

EVENT NAME _____

EVENT DATE(S) _____

RACE(S)/ACTIVITY(IES) ENTERED _____

CLUB/TEAM NAME _____

ANNUAL LICENSE # _____

RACING AGE (as of December 31, 2010) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Emergency Contact _____

Emergency Contact Phone _____

Medical Insurance Carrier _____

Medical Policy Number _____

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 AND USA CYCLING, INC. (USAC), ITS ASSOCIATIONS (THE UNITED STATES CYCLING FEDERATION (USCF), NATIONAL OFF ROAD BICYCLE ASSOCIATION (NORBA), NATIONAL COLLEGIATE CYCLING ASSOCIATION (NCCA), U.S. PROFESSIONAL RACING ASSOCIATION (USPRO), AND BMX ASSOCIATION (BMXA)), AND USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, SPONSORS, PROMOTERS 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.

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 CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THIS EVENT,** whether as a rider, official, coach, mechanic, volunteer, 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,** the negligence of others 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. 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 that drug testing may be conducted for athletes registered for this event and that the use of blood boosting or

substances prohibited by Releasees' rules would make me subject to penalties including, but not limited to, disqualification and suspension. I agree to be subject to drug testing if selected, and its penalties if I fail to comply with the testing or am found positive for the use of a banned substance.

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.

Signature of Entrant

AGE

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or 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 Guardian

UNITED STATES OLYMPIC COMMITTEE
MEDIA GRANT

In consideration of and as a condition of USA Cycling Inc.'s (USAC) issuance of a license to me or acceptance of my applications for entry in events that it or Union Cycliste Internationale permits or sanctions, I grant to USAC, USA Cycling Development Foundation, and United States Olympic Committee (USOC), and their assigns, the right and a license to film, video, photograph, reproduce, publish, distribute and otherwise use, in any medium and worldwide, my name and voice, pictures and likenesses of me, and biographical material on me. **Under no circumstances shall such material be used in the manner of an endorsement of any product or service, or of any sport other than bicycle racing, without my consent.** This Grant shall be binding upon me and my heirs and legal representatives. I am over 18 years of age or, if I am not, my parent or guardian has signed with me below.

Date: _____, 20__

Signature

Print Name: _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or guardian of _____ (Child). On behalf of my child and me, and our heirs and legal representatives, I consent and agree to the terms of the above Grant.

Date: _____, 20__

Signature

Print Name: _____



USA CYCLING ATHLETIC PROGRAM



PARTICIPANT CONSENT
TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USA Cycling ("USAC") to provide me with athletic trainer services, medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted by **USA Cycling**. In the event that emergency medical services are required, I hereby authorize USA Cycling to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between USA Cycling staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted by **USA Cycling**.

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the program.

This Release shall not have an expiration date and shall remain valid until it is expressly revoked by written notice from me to USA Cycling and shall be valid and applicable to all USA Cycling programs in which I participate, provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by USA Cycling.

Pursuant to the HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) and HIPAA Privacy Rule, I authorize the disclosure and 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. This authorization is directed to and is intended to authorize the disclosure and release of such information even though protected, by any medical provider or third party in possession of such information. This authorization shall not have an expiration date and shall be deemed revoked only upon receipt by the medical provider or third party of an express revocation signed by me.

X _____
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter/ward the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted by **USA Cycling**, and consent to the provision of athletic trainer services, medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs by USA Cycling. In the event that emergency medical services are required, I hereby authorize USA Cycling to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual.

X _____
Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print) _____

Relationship: _____



**USA CYCLING ATHLETIC PROGRAM
PARTICIPANT CONDUCT**



I consent to abide by the below described rules of conduct for guests of this USA Cycling ("USAC") program at any facility, dormitory or training center, and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory.
4. Quiet hours commence at 10:00 pm daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state, or local laws, or a violation of USAC or the local facility (University, USOC, etc) policies and procedures.
 - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the USAC program.

X _____
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter/ward the aforementioned stipulated conditions and their ramifications, I consent to his/her participation in the programs conducted by USA Cycling, and have instructed him/her to abide by the above terms of conduct. In addition, I agree that I shall be jointly and severally liable with the son/daughter/ward for any amounts due as a result of a breach of the Participant Conduct terms.

X _____
Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print)

Relationship: _____

2010 International Athlete Insurance Information

USA Cycling 2010 International Rider Licensees

Accident Medical Insurance Summary for coverage provided by the 2010 International Rider License issued by USA Cycling.

ELIGIBILITY: All USA Cycling members licensed by USAC for international competition.

INSURANCE CARRIER: Nationwide Life Insurance Co.

COVERAGE HIGHLIGHTS and LIMITS:

Accident Medical Expense	\$25,000*
Deductible with primary health insurance	\$1,000 to \$5,000**
Deductible without primary health insurance	\$5,000

*Maximum benefit of \$500 for Dental, Orthopedic, Physical Therapy, and Transportation.

** Deductible matches primary insurance deductible subject to a minimum of \$1,000 and a maximum of \$5,000.

Benefit Percentage: 70% of Reasonable and Customary
Initial treatment received within 30 days of injury
Claim submitted to carrier within 30 days of injury
Benefits payable for 52 weeks from accident date
Full Excess Coverage

COVERED ACTIVITIES: The policy provides coverage only while participating in a cycling competition sanctioned by the UCI or a Foreign Federation affiliated with the UCI while outside of the United States and its territories.

POLICY TERM: December 31, 2009 through December 30, 2010

Please refer to the policy.

This is a brief outline of policy coverages. This is not a policy interpretation.

TravMed

To ensure that all athletes participating in USA Cycling's programs outside of the United States have a minimum level of health insurance that covers both sickness and accidents, beginning on February 1, 2008 any athlete participating in a USA Cycling program (Jr., U-23, Women's, BMX, etc) or as a member of a USA Cycling team representing the United States outside of the US including but not limited to Jr., U-23, and Elite World Championships and Pan American/Continental Championships will be **required to purchase TravMed Abroad coverage** from MEDEX Insurance Services that covers them for at least the time period they are traveling to and participating in the above activities. Each athlete will be required to show evidence of the TravMed Abroad coverage at least 7 business days prior to each trip.

With the help of the United States Olympic Committee, USA Cycling has been able to get MEDEX to provide its TravMed Abroad coverage in 2010 for a discounted rate of only \$3 a day while on a trip outside the United States. Please see TravMed Abroad brochure for summary of coverage.

In order to purchase the coverage, **please call MEDEX at 1-800-732-5309** and let them know you are a member of USA Cycling.

RIDER INSURANCE ACKNOWLEDGEMENT

By signing this form I acknowledge that I have reviewed and am familiar with the current insurance benefits and offerings available to USA Cycling members including the terms, conditions, limitations, exclusions, and claim reporting procedures. In addition, I understand that the insurance benefits and offerings available through USA Cycling are subject to change from time to time and I will agree to review USA Cycling's website at www.usacycling.org to keep up to date on these changes. I also understand that if I participate in a USA Cycling program outside the United States or as a member of a USA Cycling team representing the United States outside of the United States that it is my responsibility to purchase TravMed Abroad coverage directly from MEDEX Insurance Services at 1-800-732-5309 that covers me for at least the time period I will be traveling to and participating in these activities. I understand that the insurance benefits and offerings available through USA Cycling membership have limits and if I wish to have coverage in excess of these limits then it is my responsibility to secure additional coverage. I am over 18 years of age or, if I am not, my parent or guardian has signed with me below.

Date: _____, 20__

Signature

Print Name: _____

PARENT OR GUARDIAN ACKNOWLEDGEMENT

I am the parent or guardian of _____ (Child). On behalf of my child and me, and our heirs and legal representatives, I consent and agree to the above terms.

Date: _____, 20__

Signature

Print Name: _____

Links to USA Cycling's current insurance benefits and offerings:

- Information on excess accident medical insurance included with license and claim reporting at <http://www.usacycling.org/news/user/story.php?id=630>.
- Information on TravMed Abroad and MEXDEX insurance can be found by calling at 1-800-732-5309.
- Information on optional 24x7 excess Accident Medical Insurance through Adventure Advocates at <http://adventureadvocates.com/usacycling.html>.
- Information on optional major medical insurance at <http://www.usacyclinghealthplans.com/>.



USA CYCLING CODE OF CONDUCT AGREEMENT
For
U.S. Cycling Team Athletes, World Championship Team Members, Coaches
and Support Staff
And Members of USA Cycling Development Camps

1. The mission of USA Cycling is to encourage participation and the pursuit of excellence in all aspects of cycling. USA Cycling grants the privilege of membership to individuals and organizations committed to that mission. The privilege of membership may, therefore, be withdrawn or denied by USA Cycling at any time where USA Cycling determines that a member or prospective member's conduct is inconsistent with the mission of the organization or the best interest of the sport and those who participate in it.
2. In order to assist all members to better serve the interests of those who participate in cycling, USA Cycling has adopted this Code of Conduct.
3. To this end, I pledge to uphold the spirit of this Code of Conduct, which offers a general guide to my conduct as a member (coach, support staff, athlete) of the U.S. Cycling Team. I recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate behavior. Further, I:
 - will refrain from conduct detracting from my ability or that of my teammates or athletes to attain peak performance;
 - will respect the property of others whether personal or public;
 - will respect members of my team, other teams, spectators and officials, and engage in no form of verbal, physical or sexual harassment or abuse;
 - will follow my individual sport rules, including by way of example, rules regarding curfew and required attendance at team meetings or functions and such other rules as may be in force during the time I am representing the U.S. Cycling Team, provided that these rules have been distributed to me in advance in written form;
 - will remember that at all times I am an ambassador for my sport, my country, USA Cycling and the Olympic movement.
4. Any member or prospective member of USA Cycling may be denied membership, censured, placed on probation, suspended for a definite or indefinite period of time with or without terms of probation, fined or expelled from USA Cycling if such member violates the provisions of the USA Cycling Code of Conduct, or through direct action or lack of action, aids, abets or encourages another person to violate any of the provisions of the USA Cycling Code of Conduct.
5. The following shall be considered violations of the USA Cycling Code of Conduct:
 - 5.1. Discrimination in violation of any section of the USA Cycling Rules and Regulations, or in violation of Section 220522(a)(9) of the Ted Stevens Olympic and Amateur Sports

Act which requires that USA Cycling must provide: "an equal opportunity to amateur athletes; coaches, trainers, managers, administrators, and officials to participate in amateur athletic competition, without discrimination on the basis of race, color, religion, age, sex, or national origin";

- 5.2. Conviction of, imposition of a deferred sentence for, or any plea of guilty or no contest at any time, past or present, or the existence of any pending charges, for (i) any felony, (ii) any offense involving use, possession, distribution or intent to distribute illegal drugs or substances, or (iii) any crime involving sexual misconduct;
- 5.3. Any sexual contact or advance directed towards an athlete by another athlete, coach, official, trainer, or other person who, in the context of cycling, is in a position of authority over that athlete;
- 5.4. Violation of any of the anti-doping provisions set forth by USA Cycling, Union Cycliste Internationale (UCI), United States Olympic Committee (USOC) or the United States Anti-Doping Agency (USADA);
- 5.5. The sale or distribution of illegal drugs or the illegal sale or distribution of any substance listed on the UCI, USOC, or USADA recognized list of banned substances;
- 5.6. The distribution or administration of any illegal or controlled substance either orally or by injection, of any substance listed on the UCI, USOC, or USADA recognized list of banned substances.
- 5.7. The administration of any substance by injection, whether legal or illegal, unless it is done so by a licensed, medical professional for the purposes of health maintenance or due to illness.
- 5.8. The use of illegal drugs in the presence of an athlete, by another athlete, coach, official, trainer of, or a person who, in the context of cycling, is in a position of authority over, an athlete;
- 5.9. The providing of alcohol to an athlete by another athlete, coach, official, trainer, manager or any other person where the athlete is under the legal age allowed to consume or purchase alcohol in the state where the alcohol is provided;
- 5.10. The abuse of alcohol in the presence of an athlete under the age of 18, by an athlete, coach, official, trainer of, or a person who, in the context of cycling, is in a position of authority over, that athlete;
- 5.11. Physical abuse of an athlete by any person who, in the context of cycling, is in a position of authority over that athlete;
- 5.12. Any act of fraud, deception or dishonesty in connection with any USA Cycling-related activity;
- 5.13. Any non-consensual physical contact, obscene language or gesture, or other threatening language or conduct directed towards any race official and which is related to any decision made by such official in connection with a USA Cycling or UCI sanctioned competition;
- 5.14. Failure of any member who is party to or witnesses of any violation(s) contained in the above stated USAC Code of Conduct to report the specific violation to USAC immediately.

6. Alleged violations of the USA Cycling code of conduct must be reported to the Chief Executive Officer of USA Cycling.

Acceptance of Terms and Conditions of USA Cycling Code of Conduct Agreement

I certify that I have read all terms and conditions and fully understand, accept and agree to be bound by them.

Signature: _____

Print Name: _____ Date: _____

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

On behalf of USA Cycling and the U.S. Cycling Team, this agreement has been accepted and approved by:

Signature: _____

Title: _____

Date: _____