



Michelin Grassroots Bicycle Racing Program **TEAMMICHELIN2009**

P.O. Box 300, N. Conway, NH 03860 • Toll-Free Support Line 1-877-674-7172 • www.michelinbicycle.com

2009 RIDER ENROLLMENT & RELEASE FORM

Please complete, sign & MAIL (no faxes) this form to Team Michelin during 2009 to enact membership (contact information above).

One of the following items must accompany this completed enrollment/release form:

- 1) An original store receipt showing the purchase of at least two new MICHELIN bicycle tires by the applicant from a U.S. retail location no earlier than six months before enrollment date (if the MICHELIN tires were purchased as part of a complete bicycle, a receipt for the bicycle will suffice).
- OR
- 2) A photo of the enrolling rider with his/her bike, showing MICHELIN tires on the bike.

• Licensed riders must also include a copy of their racing license(s) at time of enrollment. • All applications are subject to Team Michelin approval.

Rider Name (print) _____

Club/ Team (if any) _____

Gender (circle one): Male Female Birthdate (mm/dd/yy) _____

Mailing Address _____ Shipping Address _____

City _____ State _____ Zip _____ Shipping City _____ State _____ Zip _____

E-mail Address _____ Home Telephone # _____

Circle all that apply: USPro USCF NORBA Triathlete/Duathlete Other Licensing Body(s) _____

Licensed by:
USPro/USCF, Class/Category _____ License # _____

NORBA, Class/Category _____ License # _____

USAT, Classification or Age Group _____ License # _____

Other Licensing Body _____ License # _____

Other Licensing Body _____ License # _____

Submit photocopy of license with completed application, if applicable.

How did you hear about the Team Michelin program (circle all that apply): Referred by _____

Event Advertisement I'm a Returning Team Member Other _____

Favorite or Affiliated Bike Shop _____ Shop City/State _____

Shop Phone Number (_____) _____ Manager at Shop _____

Sock Size (circle one): S M L XL T-Shirt Size (circle one): XS S M L XL XXL

In consideration of being permitted to compete for Team Michelin Awards, I agree to the following:

1. I acknowledge and am fully aware of the hazards and dangers in bicycle and triathlon racing. I hereby assume all risks involved in the participation in this sport.
2. I acknowledge that Michelin North America, Inc., its employees and agents have no control or involvement in the planning, organizing or managing of the events I enter.
3. I agree to hold harmless and indemnify Michelin North America, Inc., its parent, officers, directors, agents and representatives from all personal injuries, including death, and/or damage caused by my participation in this sport.
4. Michelin North America, Inc. and any person authorized by them may use my name, likeness, accomplishments, photographs, image and statements in any manner from January 2009 through December 2009 for the purpose of promoting MICHELIN products and/or the team Michelin Program.
5. This agreement binds me, my heirs, legatees, personal representatives, and all those claiming through me. Subject to all applicable federal, state, and local laws and regulations.
6. Void where prohibited by law.
7. 2009 Team Michelin members receiving awards greater than \$600 in 2009 will receive an IRS 1099 form.
8. Decisions made by Team Michelin are final and binding.
9. Limited to U.S.A.
10. Unclaimed prizes will be forfeited.

I have read and understand the foregoing release:

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN, IF UNDER 18

Upon receipt and approval of application, you will receive official acknowledgement, along with award claim forms, decals & logos, and information regarding pro deal discount ordering procedures (if applicable). You are not eligible for awards or purchases until you have received this acknowledgement.

