



Inner City Cycling Connection

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

P.O. Box 82311  
Los Angeles, CA 90082

**OFFICE USE ONLY**

Review By \_\_\_\_\_

Booth Number \_\_\_\_\_

Other Info \_\_\_\_\_

**Office: (323)839-5012 Fax: (323)291-2582 Email: [info@innercitycycling.org](mailto:info@innercitycycling.org)**  
**[www.innercitycycling.org](http://www.innercitycycling.org)**

## MEDIA/PRESS APPLICATION FORM

**INFORMATION (Print Clearly)**

**Please attach a copy of your I.D. with this form. (Acceptable I.Ds: Driver's License, Passport, Military I.D., State I.D. Card)**

- 1) Please submit this form with a copy of your I.D. at least 30 days ahead of the event to be considered. You will be notified of acceptance or rejection to cover the event at least two weeks ahead.**
- 2) If accepted to cover our event, please have your I.D. ready at the check-in and registration booth when you sign in on the day of the event.**

**Email form and I.D. back to [info@innercitycycling.org](mailto:info@innercitycycling.org)**

Company You Representing			Website:
Your Name			Cell Phone #:
Email Address			Business Phone #:
Event Name			Event Venue/Location:
Date(s) of Event		Last Date of Press/Media Accreditation	Media Type(s)
<b>Media Type Examples: Newspaper, Television, Radio, Magazine, Alternate Newsletter, Digital Media, or Other (specify)</b>			
Other Information/Comments			

**\*\*\*\*NOTICE\*\*\*\***

**I ACKNOWLEDGE THAT I, MY EMPLOYEES OR VOLUNTEERS WILL NOT BE COVERED UNDER ANY OF THE SPONSOR LIABILITY INSURANCE FOR ANY INJURY INCURRED OR CAUSE AS A RESULT OF MY PARTICIPATION IN THE ABOVE MENTIONED EVENT/ACTIVITY BUT WOULD BE RESPONSIBLE THROUGH PERSONAL INSURANCE FOR ANY AND ALL MEDICAL EXPENSES INCURRED AS A RESULT OF INJURIES FROM THIS PARTICIPATION.**

**I UNDERSTAND I AM COMPLETELY RESPONSIBLE FOR ALL LIABILITIES, DAMAGES, AND INJURIES I, MY EMPLOYEES, MY VOLUNTEERS OR MY PARTICIPANTS MAY CAUSE TO INNER CITY CYCLING CONNECTION, INC. & ITS ASSOCIATES, ITS MEMBERS, EMPLOYEES, AND ALL THIRD PARTIES (E.G.: SPECTATORS, BUYERS, ETC.) AS PART OF MY PARTICIPATION IN THIS EVENT INCLUDING DAMAGES OR INJURIES CAUSE BY MY EQUIPMENT, DISPLAYS, VEHICLES, AND SUPPLIES AND INCLUDING ANY AND ALL INJURIES OF ILLNESS MY PARTICIPATION MAY CAUSE.**

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

Applicant Signature \_\_\_\_\_ DATE \_\_\_\_\_