

Co-Sponsorship Application

RIDER TO FILL OUT:

NAME: _____

NICKNAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ E-MAIL: _____

CLASSIFICATION: (circle one)

Novice Intermediate Expert Pro

YEARS RACING: _____

TITLES & ACCOMPLISHMENTS: _____

AGE: _____ BIRTHDATE: _____ / _____ / _____

SCHOOL GPA: _____

(Must retain a 2.5 or better to be eligible for co-sponsorship)

I verify that all the above information is true.

I promise that I will represent Crupi Parts in the best possible way; on and off the track, at all times.

_____ Date: _____
RIDER'S SIGNATURE:

_____ Date: _____

(If under 18) PARENT'S SIGNATURE:

You must send in this application with a photocopy of your USABMX or UCI license and a copy of your last report card before Crupi can process your sponsorship.

Release Forms

NOTE: RIDER & PARENT MUST SIGN THIS RELEASE FORM AND SEND IN WITH APPLICATION TO BE CONSIDERED FOR THE CRUPI CO-SPONSORSHIP PROGRAM.

RELEASE OF LIABILITY:

In consideration of my sponsorship by Crupi Parts, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES OR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH MAY OCCUR AS A RESULT OF MY SPONSORSHIP IN BICYCLE RACING BY Crupi Parts, Inc.

I further understand that serious accidents occasionally occur in travel to and from events as well as during the races themselves. These accidents can result in mortal or serious personal injury and/or property damage. In light of these disclosures I still agree to hold harmless Crupi Parts.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Dated: _____, 20____

Sponsored Rider's Signature:

Print Your Name Here:

**Sponsored Rider's Parent or Legal Guardian's

** (Required by all riders under the age of 21).

For more info, or to mail in your signed application:

Crupi Parts
c/o Co-Sponsor Program
13200 Brooks Drive Unit D
Baldwin Park, CA 91706
info@crupibmx.com