

Name: Lance E. Armstrong
Annual License#: 1917
RACING AGE (as of December 31, 2008): 37
Address: PO BOX 50389
City: AUSTIN ST: TX ZIP: 78763
Phone: (512) 478-7211

Additional representations for International (BMX and Non-BMX) and USPRO Licenses

I am not aware of any reason why the requested license should not be issued. I have not requested a license from the International Cycling Union (UCI) or from any other national federation for the calendar year. I am solely responsible for the information contained in this application and for the use I shall make of the license. I shall undertake to respect and comply with the constitution and regulations of the UCI, its Continental Federations, and its National Federations. I declare having had the opportunity to read such constitution and regulations. I agree to compete in a sporting manner. I shall submit to disciplinary measures taken against me and shall take any appeals and litigation before the authorities provided for in the regulations. I accept the Court of Arbitration for Sport (CAS) as the only competent jurisdiction of appeal in the cases provided for by the Regulations and in compliance with the terms thereof. I accept that the decisions of CAS shall be final and binding and not subject to appeal. With that reservation, I shall submit any litigation with the UCI exclusively to the tribunals at UCI headquarters. I agree to submit to drug testing and to comply with and to be bound by the UCI anti-doping regulations, the World Anti-Doping Code and its International Standards to which the UCI anti-doping regulations refer as well as the anti-doping regulations of other competent instances as foreseen by the UCI Regulations, the World Anti-Doping Code, or the U.S. Anti-Doping Agency (USADA), provided such regulations comply with the World Anti-Doping Code. I further agree that the results of the analysis may be released to the public and communicated to my trade team, coach, or doctor in accordance with UCI and WADA regulations. I agree to allow my doctor and/or the doctor of my team, upon the request of the UCI or WADA, to release to UCI and WADA officials a list of medications or treatments administered to me before any specific competition. I agree that all urine samples in such cases taken shall become the property of the UCI and WADA, and that UCI and WADA may have them analyzed for any purpose, including, without limitation, general research and information on health protection. I accept these conditions regarding blood testing and agree to undergo all tests required of me.

Signature of Applicant _____

Date _____

CONSENT AND AGREEMENT OF PARENT OR GUARDIAN

I am the parent or guardian of Lance E. Armstrong (Child). I give permission for my Child to enter any event permitted or sanctioned by USA Cycling, another event national federations, or International Cycling Union (UCI) during the period of the license applied for. **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, my 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 a USA Cycling event, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or others. **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 a USA Cycling event.

Signature of Parent or Guardian _____

Date _____

The above signed agreement should be returned to:

USA Cycling, Inc.
ATTN Membership Department
1 Olympic Plaza
Colorado Springs, CO 80909.

Please note a minor's on-line application cannot be fully processed and the license cannot be issued until this signed agreement is received.

1/22/08