



Run/Walk Event Permit Application

Youth & Senior Services
44 E. Downer Place
Aurora, IL 60505

(630) 256-3402 Phone

Please fill in all spaces
Insert "NA" in blocks not applicable.
Red * indicates mandatory fields.

Date: 03/08/2017

Any organization requesting municipal approvals of services, assistance, or other support for a run/walk event, must completely fill out this application and provide a copy of the route(s) and all other information in full regarding the run/walk event, and attaching any other necessary documentation. Submittal of the application does not constitute approval. Organizations are limited to one request per year. Applications submitted without all of the necessary information/ documentation will be returned. This application needs to be submitted at least 90 days prior to the event.

EVENT ORGANIZER INFORMATION

Sponsor Organization American Diabetes Association		Status 501 c3	
Address 55 E. Monroe Suite 3420	City Chicago	State IL	Zip 60603
Contact Person Catherine Kovacs		Phone #312-346-1805	
Email Address ckovacs@diabetes.org		Cell # 708-704-9905	

EVENT DESCRIPTION

Name of Event Tour de Cure		Event Date June 11, 2017	
Event Location River Edge Park			
Event Purpose Bike ride to raise funds for diabetes research, advocacy, education, programs and			
Event Set up time		Event Hold time	
From 3am	To 5am	From 5am	To 4pm
		Event Breakdown time	
		From 4pm	To 7pm
Event Type			
Run	Walk	Other <input checked="" type="checkbox"/>	Describe Bike Ride
Distance			
5k	10k	1/2 Marathon	Full Marathon Other 10, 20, 40, 64, 100 mile
Expected Participants	# of Staff Volunteers	# of Past Years Held	# of Participants Last Year
2000	250	18	1500

EVENT LOGISTICS

Security Plan 12

The Aurora Police Department will review this application to determine the number of officers that may be required to provide traffic control and safety for this event.

Does the event have an additional security plan? ☒ Yes ☐ No If yes, please specify the details:

River Edge Park has private security as well as hired security throughout the event

Medical Assistance Plan

What is the event plan for providing medical assistance?

There will be (2) ambulances and (4) EMTs provided by Superior Ambulance

Street Closures

Will streets need to be closed? ☒ Yes ☐ No If yes, please specify the Details:

When the 65 and 100 routes take off at 6:30 AM, we are requesting that North Broadway be closed down from the River Edge Park entrance and south (distance to be determined). Closure from 6:30 am - 7:30 am or to the police department's judgement

Barricades

Will you need barricades? Yes ☐ No ☒

Purpose:

Amount:

Day Needed Placed:

Time needed placed:

Parking

What is the event plan for parking?

Parking will be in the Metra Lot next to Two Brothers. Over flow will be in Lot W

Clean Up

Will you need cardboard trash bins? Yes ☐ No ☒ # Requesting

If you will be using a dumpster, please provide the contact, phone number, and name of the company delivering the dumpster:

Electrical Service

Are you requesting electrical service? Yes ☐ No ☒

What do you need?

Equipment utilized?

What is the event plan inclement weather?

ENTERTAINMENT, PROMOTIONS AND ADDITIONAL INFORMATION

A Music Festival Permit is required for live music with attendance over 350 people.

The City Clerk's Office must be contacted regarding a Musical Festival Permit and fee.

List names of performers and entertainment groups:

Performers	Entertainment Groups	Performers	Entertainment Groups
TBD			

Describe other entertainment/activities planned for your event:
kid's activities, sponsor giveaways

How will your event be promoted? TV ✓ Radio ✓ Newspapers ✓ Posters
 ✓ Facebook ✓ Twitter ✓ Website ✓ Flyers

Additional Information

Food: Prepared food may require a permit. Contact (630) 444-3040 or www.kanehealth.com.

Commercial Tent Permit: Call Building & Permits for permit application instructions and fees.

FEES

Will there be a registration charge for this event? ☒ Yes ☐ No

List the Fee Amount for Each Applicable Category of Registration

Early: \$15	Regular: \$20-35	Day of/On Site: \$40
Adult:	Seniors:	Students/Youth/Kids
Other:		

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING

If your event is partnering with local organizations serving as a sponsor, please provide the following information:

Name of Organization: McGuire Woods	Address: 77 W. Wacker #4100 Chicago, IL 60601
Contact Person Name: George Spatz	Phone: 312-849-8100
Email: gspatz@mcguirewoods.com	

If some of the proceeds from this event will be donated to a local charity, please provide the following information:

Name of Organization: American Diabetes		Address: 55 E. Monroe Suite 3420 Chicago, IL 60603
Contact Person Name: Christina Manelli		Phone: 312-346-1805 ext.6568
Email: cmanelli@diabetes.org		

If your event will be utilizing a route and/or going through one or more of the jurisdictions listed below, please check all appropriate boxes that apply for that jurisdiction's requirement. In each jurisdiction listed below, if the question(s) do not apply, please leave the boxes blank.

Municipalities Villages, and Organizations	Application Approved?	Fee Paid?	Certificate of Insurance Submitted?	Waiver of Liability Submitted?	Route Map Approved?	Location of Aid Stations Provided?	List of Vendors Submitted?
River Edge Park	Yes	N/A	N/A	N/A	N/A	N/A	N/A
Fox Valley Park District	Yes	Yes	No	N/A	Yes	N/A	N/A
Village of North Aurora	N/A	N/A	N/A	N/A	N/A	N/A	N/A
City of Batavia	No	No	N/A	N/A	N/A	N/A	N/A
Batavia Park District	Yes	No	N/A	N/A	N/A	N/A	N/A
City of Geneva	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Geneva Park District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
City of St. Charles	N/A	N/A	N/A	N/A	N/A	N/A	N/A
St. Charles Park District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kane CoForest Preserve	Yes	Yes	Yes	N/A	Yes	Yes	N/A
Village of Montgomery	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Village of Oswego	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oswegoland Park District	N/A	N/A	N/A	N/A	N/A	N/A	N/A

This application, with a detailed site plan attached, and any other applicable documents as outlined herein, must be remitted to the Community Services Dept. **no later than 90 days prior to the opening day of the event.** Late or incomplete applications may be denied. Mail application to City of Aurora Community Services Dept., 44 East Downer Place, Aurora, IL 60505, or send by email to kmaurice@aurora-il.org or fax to (630) 256-3379. The application will be reviewed and if complete, it will be forwarded to the appropriate Divisions, Departments, and Committees for consideration of approval.

HOLD HARMLESS CLAUSE: The run/walk event sponsor hereby agrees to indemnify and hold harmless the City of Aurora, Illinois, its agents, public officials, officers, employees, and authorized volunteers, from and against any and all legal actions, claims, damages, losses, expenses arising out of the permitted event/activity or any activity associated with the conduct of the sponsor's operation of the event, including but not limited to, claims for personal or bodily injury, disease or death, or injury to or destruction of property, excluding claims caused by the willful commission or omission by employees of the City of Aurora acting within the scope of their employment. Further, the run/walk event sponsor agrees to indemnify the City of Aurora and any of its agents, public officers, officials or employees and authorized volunteers for any attorney's fees and court costs incurred or to be incurred in defending any actions brought against them as a result of the sponsor's use of public property or operation of the event as set forth in the application for run/walk/bike permit.

INSURANCE REQUIREMENTS: Proof of insurance is required of all run/walk event sponsors prior to the event. The attached list of insurance requirements should be reviewed immediately with your Insurance Agent to comply. Please provide a certificate of insurance along with your completed application to the City of Aurora Community Services Dept., 44 East Downer Place, Aurora, IL. 60505, or send by email to kmaurice@aurora-il.org or fax to (630) 256-3379. Coverage shall be from reputable insurance companies in amounts acceptable to the City of Aurora. Failure to provide said acceptable insurance coverage in a timely manner is grounds for non-issuance or revocation of the permit.

PERMITTED USE OF PUBLIC PROPERTY: Whereas the run/walk event sponsor agrees to use the public property at River Edge Park in Aurora, Illinois known as River Edge Park for staging of Tour de Cure the City of Aurora does hereby agree to permit for use, these premises for the date(s) of 6/10/17 through 6/11/17 .

Sponsor does hereby agree to conduct only that business/activity which is described in the run/walk permit application, and agrees to all municipal requirements. Sponsor further agrees that within thirty (30) days of the conclusion of the event it will, at its own expense, provide for the repair, replacement or maintenance of any damaged, lost or stolen portions of the subject property including, but not limited to landscaping, street or buildings and or/pavement.

LIABILITY WAIVER: The run/walk event sponsor agrees for itself and/or its employees, agents or volunteers associated or to be associated with the activity for which the permit is being sought, to waive and relinquish all claims that may result in any manner against the City of Aurora, its agents, public officers, officials or employees and authorized volunteers from said sponsored event or activity, except for acts caused by the willful and wanton misconduct by employees of the City of Aurora acting within the scope of their employment.

AUTHORIZED SIGNATURES: I hereby attest that I am authorized to bind the sponsor and/or its employees, agents, or volunteers associated or to be associated with the activity for which the permit is being sought, to the terms of this agreement. I have read and understand all regulations and requirements outlined herein. I/we do hereby agree to abide by all rules and regulation outlined herein. I/we hereby agree to meet all requirements for documentation, certification, licensing, financial responsibility, and all other aspects of staging a run/walk event in the City of Aurora, as outlined herein. I/we understand that our lack of meeting all requirements outlined herein may result in the denial or cancellation of the proposed run/walk event.

Permit applied for and all terms and stipulations agreed to by:

eSigned via SecureScribe.com

Key: ab79b7e98d81954d51a02f1c371c125

Signature

Catherine Kovacs

Name

03/08/2017

Date

Title

Application received by: Y&SS

Date received

03/10/2017