



City of Aurora Walks & Runs Events on City Property Permit Application

Any organization requesting municipal approvals of services, assistance, or other support for a run/walk event, needs to 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 guarantee 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.**

Section A. Event Organizer Information

- 1. Name of Sponsor Organization: Lifespring & Urban Youth Ministry of Wauside Cross Ministries Date: 11/29/17
- 2. Status (x one): Not for Profit 501 (c) 3 School Private for Profit Other: _____
- 3. Organization Address: 215 E. New York St., Aurora, IL 60505
- 4. Contact Name: Rebecca Monrean Email: rmonrean@wauisidexcross.org
- 5. Business Phone: 630.723.3421 Cell Phone: 630.310.1898 Fax#: 630.892.3799

Section B. Event Description

- 1. Name of Event: Walk a Mile in My Shoes Date of Event: 2/10/18
- 2. Describe Purpose of Event: Promote awareness of homelessness and raise money for Lifespring & Urban Youth Ministries
- 3. Event Set-Up Time From: 11:30A To: 1:00P Event Hold Time From: 8AM To: 11AM Event Breakdown Time From: 11AM To: 12:30PM
Friday 2/9/18
- 4. Event Type (x all that apply) Run Walk Other (describe): _____
- 5. Distance (x all that apply): 5K 10K Half Marathon Full Marathon Other: 1 mile
- 6. Expected Participants 200 # of Staff/Volunteers 20 # of Past Years Held 11 # of Participants Last Year 165

Section C. Event Logistics

1. Security Plan

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: _____

2. Medical Assistance Plan

What is the event plan for providing medical assistance?

We have a medical assistance plan in place. Volunteers are trained on who to contact in case of emergency.

City of Aurora Run/Walk Event Permit Application

Section C. Event Logistics (continued)

3. Street Closures

Will streets need to be closed? Yes No

If yes, please specify the details: _____

4. Barricades

Will you need barricades? Yes No Purpose: _____

Amount: _____ Day Needed Placed: _____ Time needed placed: _____

5. Parking

What is the event plan for parking?

Parking is in the lot at First Presbyterian Church and also in the Harkness Center lot; if more space is needed, people can park on the street.

6. 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: _____

7. Electrical Service

Are you requesting electrical service? Yes No Equipment utilized? _____

8. What is the event plan inclement weather? *We will walk in any weather.*

Section D. 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.

1. List names of performers and entertainment groups: *None*

2. Describe other entertainment/activities planned for your event: *None*

3. How will your event be promoted? TV Radio Newspapers Posters Flyers Facebook Twitter Website Additional Information _____

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

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

9. Fees

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

List the fee amount for each category of registration that is applicable to this event.

Early: _____ Regular: _____ Day of/On Site: _____

Adult: _____ Seniors: _____ Students/Youth/Kids: _____ Other: _____

City of Aurora Run/Walk Event Permit Application

This application, with a detailed site plan attached, and any other applicable documents as outlined herein, must be received in 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 _____ 60 W. 4th St. in Aurora, Illinois known as John R. Harkness Center for staging of _____ 2018 Walk a Mile in My Shoes the City of Aurora does hereby agree to permit for use, these premises for the date(s) of February 10, 2018 through February 10, 2018. 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.

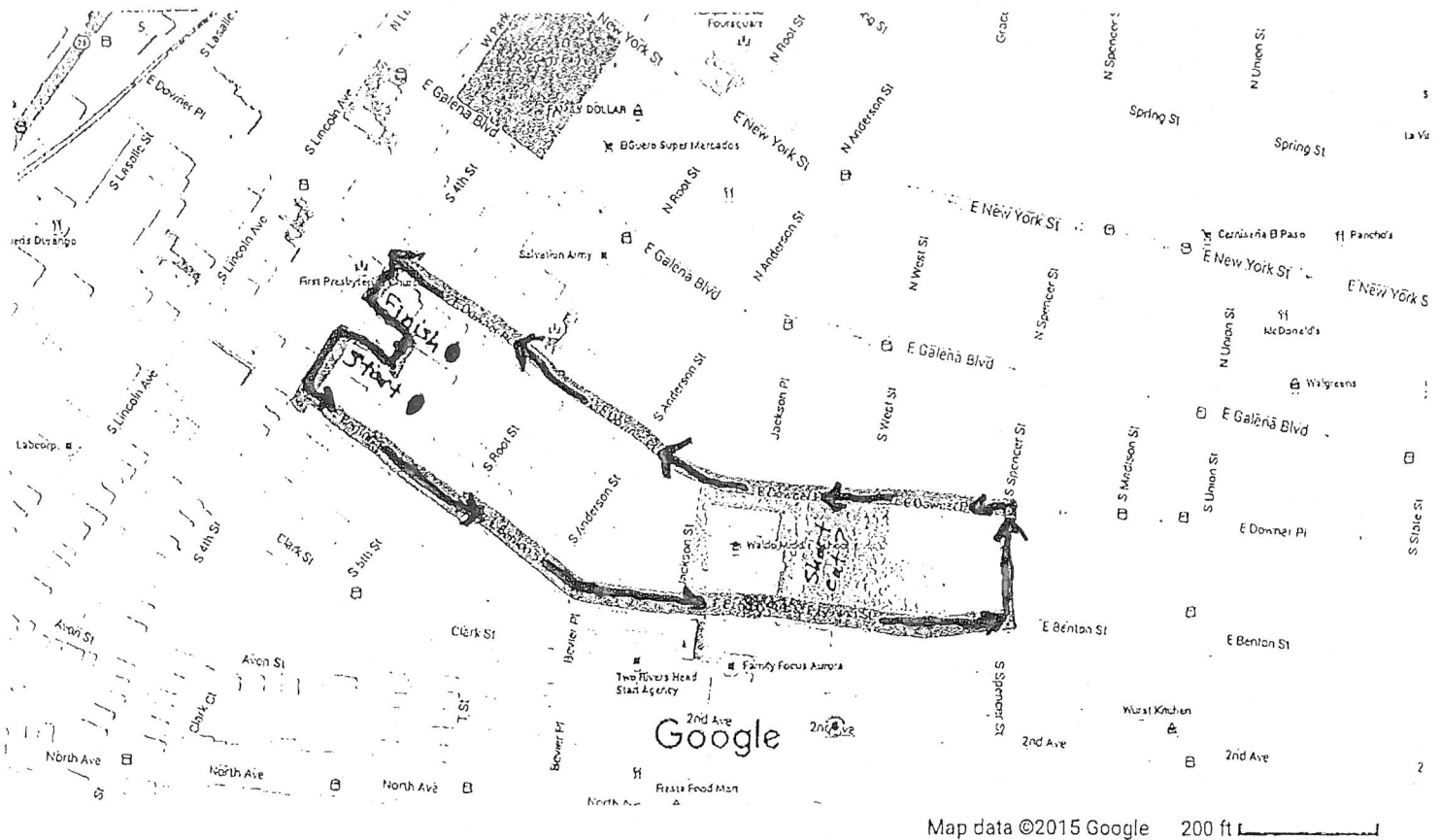
LIABILITY WAIVER: The run/walk event sponsor agrees for itself and/or its employees, agents or volunteers associated or to be associated with the activity for which the permit is being sought, to waive and relinquish all claims that may result in any manner against the City of Aurora, its agents, public 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:

<u>Rebecca Monrean</u> Name (please print)	<u>Rebecca Monrean</u> Signature
<u>Church/Donor Development Manager</u> Signatory Title (if applicable)	<u>11-29-17</u> Date
<u>Wayside Cross Ministries</u>	

Google Maps Google Maps



WALK ROUTE:

- 1) FROM HARKNESS CENTER (4TH STREET), WALK SOUTH TO BENTON ST.
- 2) WALK EAST ON BENTON PLACE TO S. SPENCER ST.
- 3) WALK NORTH ON S. SPENCER ST. TO E. DOWNER PLACE.
- 4) WALK WEST ON E. DOWNER STREET TO 4TH STREET TO THE HARKNESS CENTER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Lundstrom Insurance 2205 Point Blvd., Ste 200 Elgin IL 60123	CONTACT NAME: PHONE (A/C, No., Ext): 847-741-1000 FAX (A/C, No): 847-428-8857 E-MAIL ADDRESS: mail@lundstrominsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Great American Insurance Co.	NAIC # INSURER B : Accident Fund Insurance 10166 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1809909631 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PAC1898783	9/1/2017	9/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP1898784	9/1/2017	9/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			UMB1898785	9/1/2017	9/1/2018	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y/N/A	WCV6076653	9/1/2017	9/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Walk a Mile event to be held on February 10, 2018 The City of Aurora is included as an additional insured on the general liability policy on a primary and non-contributory basis with respect to the above referenced event.

CERTIFICATE HOLDER City of Aurora 44 E. Downer Place Aurora IL 60507	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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