Indiana County Parks & Trails 1128 Blue Spruce Road Indiana, PA 15701

 $Web: \underline{www.indianacountyparks.org}$

(724) 463-8636 (724) 463-8740 fax

E-mail: indparks@gmail.com

Race/Walk Event Permit

The undersigned hereby makes application to conduct a race/walk event at the following park/trail:				
[] Blue Spruce Park [] Clip Pine Ridge Park [] I	[] Ghost Town Trail [] Blairsville Riverfront Trail			
Date of event:/	_			
Start time of event:End time of event:	an	1	pm pm	
Event Description:			-	
Estimated attendance for the even	t:			
If a charity fundraising event who	is the beneficiary?: _			
Will you collect an entry fee or admiss	sion charge?	[] yes []	no	
Will food items be sold?		[] yes []	no	
Will non-food items be sold?		[] yes []	no	
Will you set up tents, canopies, or stage	ges?	[] yes []	no	
Will you use a sound or public addres	ss system?	[] yes []	no	
Will you provide additional restroom	facilities?	[] yes []	no	
Will you provide additional trash facil	lities?	[] yes []	no	
Will you require vehicle access to turf	areas?	[] yes []	no	
Will you require access to gates?:		[] yes []	no	
Will you provide security and/or traff	fic control?	[] yes []	no	
Have you secured permits for road us from applicable township/state highv		[] yes []	no	

Please submit	the following documentation with your application:
[] Rental appl	ication for any park facilities being rented
[] Rental fee p	payment (will vary with number of facilities rented)
[] Race/walk	permit fee: \$95 per event, (non-refundable)
[] Certificate of	of insurance for the event and waiver of County liability (see below).
\$1,000,000 mus	iability insurance for bodily injury and property damage in the sum of st be provided. A copy of the certificate, listing the County of Indiana as ured, must be included with the application.
	vent is being held at the Hoodlebug Trail and you are using the property of the Church you must secure their permission in advance of the event.
	by agrees to hold the County of Indiana harmless for any and all claims for damages, injuries to resulting from the conduct of this event.
Signature:	Date:
Name (print):	
Address:	
City/Zip:	
Telephone:	(home)
-	(cell)
Fax:	
E-mail:	
	Park use only below this line
[] Approved	
[] Not approv	ed
Date:	
Approval by: _	

Form revision: 12.4.23