



Chester County Department of Facilities & Parks
SPECIAL EVENT TRAIL AGREEMENT APPLICATION
 Regional Trails – Chester Valley, Schuylkill River & Struble

GENERAL INFORMATION

SPONSORING ORGANIZATION: _____

CONTACT PERSON/ TITLE: _____

ADDRESS: _____

PHONE (day): _____ (eve): _____ (mobile): _____

E-MAIL: _____ FAX: _____

IS ORGANIZATION A 501(c)(3)? _____ TAX EXEMPT # (if non-profit): _____

Please list any **additional event organizer(s)** or **service provider(s)** hired to work on your behalf to produce this event.

NAME: _____

ADDRESS: _____

PHONE (day): _____ (eve): _____ FAX: _____

Please identify the “on site” contact person. This person must be in attendance for the duration of the event and immediately available to County officials.

NAME: _____ CELL #: _____

EVENT INFORMATION

TRAIL REQUEST: Chester Valley Schuylkill River Struble

TYPE OF EVENT: Race Fundraising Social Other _____

MODE OF EVENT: Run/Jog Walk Bike Other _____

EVENT TITLE: _____ DATE: _____

STARTING POINT/STAGING AREA: _____ ENDING POINT: _____

ACTUAL EVENT HOURS: _____ AM/PM to _____ AM/PM

SETUP/ASSEMBLY DATE: _____ AM/PM START TIME: _____ AM/PM END TIME: _____ AM/PM

Please describe the scope of the setup/assembly work (provide specific details):

Estimated # of participants (includes volunteers & staff) _____

Is this event open to the public? Yes No

EVENT DESCRIPTION

Please provide a DETAILED DESCRIPTION of your event (attach additional sheet if necessary). _____

Is this a first time event for the sponsoring organization at this location? _____ If NO, how does it differ from previous years? _____
_____ Last year's attendance: _____

- | YES | NO | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you charging fees to participate? If YES, how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you requesting use of electricity? If YES, please list operational needs: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will vendors be operating on site? If YES, please explain the anticipated location(s): _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will aid locations (water, EMS) be set up? If YES, where? _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Will gates at road crossings need to be opened? |

A diagram showing the overall event layout and set up, including locations for the following items, may be required:

1. Food Concession and/or Food Preparation Areas

Describe how food will be served at the event: _____

If food will be cooked on site, please specify method:

- Gas/Propane Electric Charcoal Other (specify): _____

2. Portable Toilet Facilities

Number of standard portable toilets to be supplied: _____ REQUIRED → 1 for every 200 people

Number of ADA Accessible toilets to be supplied: _____ REQUIRED → minimum of 1

3. Trash and Recycling Receptacles and Management

Please describe your waste management and cleanup plan:

Number & size of dumpsters w/lids: _____ REQUIRED → 1 for every 400 people

Number of trash receptacles to be supplied: _____ Number of recycling receptacles to be supplied: _____

Which of the following will be necessary to conduct your event? Please check all that apply.

- Booths, Exhibits, Displays or Enclosures
- Tables and Chairs
- Vehicles and/or trailers
- Fencing, Barriers and/or Barricades
- Scaffolding, Bleachers, Platforms, Stages
- Generators and/or Electricity Source
- Other related components not covered

SAFETY / SECURITY / ACCESSIBILITY

Please describe procedure for crowd control and internal security: _____

Please describe accessibility plan for individuals with disabilities: _____

REQUIRED → It is the Sponsor's responsibility to comply with all federal disability access requirements as established by the Americans with Disabilities Act (ADA).

- Ambulance(s) # _____ Provided by: _____
- First Aid Stations # _____ Provided by: _____
- Other # _____ Provided by: _____

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Where will participants park and/or be dropped off and picked up? Please provide a description of your **PARKING** and/or **TRANSPORTATION/SHUTTLE** plans: _____

Please describe your plan for **HANDICAP ACCESSIBLE PARKING**: _____

Please describe your plan to notify nearby residents, businesses, etc. if impacted by the event: _____

ENTERTAINMENT / CONTRACTED SERVICES / RELATED ACTIVITIES

YES NO

Will amplified sound be used? If **YES**, please indicate:

Start time: _____ am/pm Finish time: _____ am/pm

Please describe the sound equipment that will be used (i.e. # of amps, # of speakers, positioning of equipment, presence of sound company to monitor overall volume): _____

Any signs, banners, decorations or special lighting? If **YES**, please describe and give location: _____

- Any tents, canopies or temporary structures? If **YES**, please indicate size, number and location:

- Any animals to be on site? If **YES**, please describe: _____

- Any raffles, bingo, prize money to be awarded on site? If **YES**, please describe plan for secure transport of monies being collected: _____

PROMOTION / ADVERTISING / MARKETING

YES NO

- Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: _____

- Will there be any live media coverage during the event? If **YES**, please explain: _____

COUNTY SUPPORT / SPECIAL REQUESTS

YES NO

- Is County staff support requested? If **YES**, please describe: _____

- Is use of County equipment requested? If **YES**, please describe: _____

ADDITIONAL COMMENTS/ NOTES:

INSURANCE REQUIREMENTS

Before final approval will be granted, the Sponsor may be required to provide an original and current certificate of general liability insurance including bodily injury and property damage in the amount of \$1,000,000 per occurrence and aggregate of \$2,000,000 naming County of Chester as an "additionally insured". Insurance coverage must be maintained for the duration of the event.

The County of Chester reserves the right to request a copy of the entire insurance policy.

Name of Insurance Carrier: _____

Agent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____

Policy Number: _____ Policy Type: _____

AFFIDAVIT OF SPONSOR

The County has the right to cancel or shut down an event due to severe weather conditions.

ADVANCE CANCELLATION NOTICE REQUIRED: If you decide to cancel your event, please notify XXX at least five (5) working days prior to the scheduled event. Otherwise, personnel and equipment may be needlessly dispatched and approvals of future applications can be jeopardized.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Activity Agreement as set forth by Chester County Facilities & Parks Department, and I understand that this application is made subject to the rules and regulations established by the County of Chester. I agree to abide by these rules, and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the event.

I, through the signing of this application, agree to indemnify, hold harmless, and defend County of Chester and its agents, officials and employees from all suits and actions, including reasonable attorneys' fees and all costs of litigation and judgment of every name and description against the County as a result of loss, damage, or injury to any person or property by reason of any action or omission by the event organizer.

Name of Sponsor (print): _____

Title: _____

Date: _____

Signature of Sponsor: _____

Distribution of Copies:

___ Municipality 1	Date _____
___ Municipality 2	Date _____
___ Municipality 3	Date _____
___ Emergency Services	Date _____

Keep this page for your records. Do not submit with your application.

SUPPLEMENTAL DOCUMENTATION CHECKLIST

Please use the following checklist to ensure that supplemental documentation required is submitted. Not all will apply.

DESCRIPTION	REQUIRED		SUBMITTED W/ APPLICATION		WAIVED	DATE SUBMITTED
	YES	NO	YES	NO		
Completed & Signed Application Form						
Application Fee (\$25) <i>Payable to Treasurer of Chester County</i>						
IRS 501 C Tax Exempt Documentation						
Certificate of Insurance						
Site Layout Sketch						
Event Notice Flyer Design						
Parking Plan						
Health Department Documents						
Crowd Control/ Security Plan						
Inclement Weather Plan						
“Moving Route” / Closures Plan						
Township Approval(s):						
Contracted Vendor(s) Insurance:						
Written Request for Personnel Support						
Additional Permits:						