



Submit Application

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### Special Event Application

Event Name: 2ND ANNUAL FLATS UNCLE Sam 5K RUN & 1.2 mi WALK

Event Sponsor(s): MISSOURI ENDURANCE SPORTS / FLATS

Please provide a brief description of the event: 5K RUN & 1.2 mi WALK

Proposed Location: BEGIN & END @ DUKUM INN

If your event is to be held at a City Park, you must reserve it through the Parks Department.

#### Primary Contact

Full Name: DAN MARTIN

Address: ATSU - TCC 210 S. OSTEOPATHY

Phone: 660-626-2213 Fax: 626-2071 Email: DMARTIN@ATSU.EDU

#### Alternative Contact

Full Name: LYNDA FURNEY

Address: SAME

Phone: \_\_\_\_\_ Fax: SAME Email: LFURNEY@ATSU.EDU

#### Proposed Dates & Times\*

Date: WEDNESDAY  
JULY 4TH, 2018

Times  
Beg. End

Setup 7A

Runtime 9A

Cleanup 11A

Date: \_\_\_\_\_

Times  
Beg. End

Setup \_\_\_\_\_

Runtime \_\_\_\_\_

Cleanup \_\_\_\_\_

Date: \_\_\_\_\_

Times  
Beg. End

Setup \_\_\_\_\_

Runtime \_\_\_\_\_

Cleanup \_\_\_\_\_

Cleanup is **required** at the organizer's expense and is to occur immediately following the event.

\*The City of Kirksville reserves the right to modify or cancel the proposed special event should special conditions or an emergency exist or if the guidelines of this policy are not followed.

**Please answer the following questions about your Special event:**

Is your organization a 501(c)(3)? (If so, attach the Federal Tax letter)

☒ Yes ☐ No

Have you reserved a City Park? (Reserve at <https://parks.kirksvillemo.com>, and attach documentation)

☐ Yes ☒ No ☐ N/A

Will the event be attended by over 150 people? If so, how many are you expecting?

☒ Yes ☐ No If Yes, how Many: 175

Would you like the City to provide trash containers, at no cost?

☐ Yes ☒ No If Yes, how Many: \_\_\_\_\_

Will you be placing portable toilet facilities? (If so, indicate locations on attached map)

☐ Yes ☒ No If Yes, how Many: \_\_\_\_\_

Will there be alcohol? (Requires approval and license from City Council, contact Finance Department at 660-627-1251 to begin the process)

☐ Yes ☒ No

Will the event have food concessions? (May require a permit from Adair Co. Health Dept.)

☐ Yes ☒ No

Will the event have cooking areas? (Requires permits from Adair Co. Health Dept. & Kirksville Fire Department)

☐ Yes ☒ No

Will the event require an organizer's command center, stage, tents, displays, or enclosures? (If so, indicate location on attached map)

☒ Yes ☐ No

111 S. ELSON DUKUMINN

Will the event require first aid stations or medical care?

☐ Yes – I **have not** contacted the Adair County Ambulance regarding this.  
☐ Yes – I **have** contacted the Adair County Ambulance regarding this.  
☐ No

Will the event require a street closure? (If so, indicate streets below)

☒ Yes ☐ No ONE BLOCK ELSON ST / NORTH @ WASHINGTON TO SOUTH @ MCPHERSON

Will the event have excessive noise? (If so, describe type of music/sound & a tentative timeframe)

☐ Yes ☒ No

Will the event have pyrotechnics, ceremonial fire(s), or special effects of any kind? (If so, explain; requires a permit from Kirksville Fire Dept.)

☐ Yes ☒ No

Will the event require off-street parking? (If so, describe your off-street parking plan)

☒ Yes ☐ No

AT 303 CITY PARKING LOTS ON HOLIDAY

Will the event require banners or signs? (If so, describe & attach map with location)

☐ Yes ☒ No

Will the event require the City to provide water and/or electricity? (If so, elaborate)

☐ Yes ☒ No

Will you have animals at the event? (If so, list what kind and their purpose at the event. *All animals must be restrained, and not allowed to run at large, per City Ordinance 10811.*)

☐ Yes ☒ No

Will there be vendors at the event? (If so, include a list of vendors and indicate their placement on map. You *must* meet the State of Missouri Requirements for Vendors, as well.)

☐ Yes ☒ No

What is your security/safety plan? (Kirksville Police Dept. does not provide security)

VOLUNTEERS ON ALL CORNERS, LEAD SHERIFF CAR, LEAD BIKER,  
SAG VEHICLE W/ MEDICAL PERSON, AMBULANCE ON STANDBY, AED

What is your Emergency Plan?

@  
FINISH  
LINE

Additional Information:

KPD TO ASSIST W/ TRAFFIC IN BLOCK W/ STREET CLOSED.  
(ELSON ST.)

The following items **must** be submitted prior to the event. You can attach these items to the e-mail when you click submit from Adobe Reader or Internet Explorer.

- ☒ **Event Sponsor must furnish a Certificate of General Liability insurance** for one million dollars (\$1,000,000) listing the City as an additional insured for events to be held on public property. If you have no insurance coverage, an application is available through the City's TULIP program.

☒ **Map**

If your event is a run, walk, or parade, a **map must be attached** clearly indicating the route, and any requested street closures. Several items below request

- ☐ **A complete event plan is required at least 30 days prior to the event.**

This plan must include a list of vendors (business, owner, address, and phone number), vendor location plan, off-street parking plan, lighting & sound system setup, and temporary banners or signs.

- ☐ **Proof of approval of permits/licenses/reservations required to hold the event.**

As indicated above, permits/licenses/reservations may be required by Adair County Health Department, City Council, Kirksville Finance Department, Kirksville Parks and Recreation Division, and/or the Kirksville Fire Department. Documentation must be attached; except for City Council, which will be handled with the approval of this application.

- ☐ **Federal Tax Letter, if 501 (C) 3 organization.**

☐ **Vendors**

Include a list of vendors and indicate their placement on map. You ***must*** meet the State of Missouri Requirements for Vendors.

# CITY OF KIRKSVILLE

## WAIVER, RELEASE & INDEMNIFICATION AGREEMENT

To the fullest extent permitted by law, the Sponsor agrees to indemnify, defend and hold harmless the City of Kirksville, its officers, agents, volunteers, and employees from and against all suits, claims, damages, losses, and expenses, including but not limited to attorneys fees, court costs, or alternative dispute resolution costs arising out of, or related to, Sponsor's use of City streets, roads, parks, sidewalk or other facilities under this agreement involving an injury to a person or persons, whether bodily injury or other personal injury (including death), or involving an injury or damage to property (including loss of use or diminution in value), but only to the extent that such suits, claims, damages, losses or expenses are caused by the negligence or other wrongdoing of Sponsor, its officers, agents and volunteers, or anyone directly or indirectly employed or hired Sponsor or anyone for whose acts Sponsor may be liable, regardless of whether caused in part by the negligence or wrongdoing of City and any of its agents or employees.

The Sponsor shall purchase and maintain, at Sponsor's expense, Commercial General Liability Insurance with a minimum limit of \$1,000,000 each occurrence / \$2,000,000 general aggregate written on an occurrence bases.

Prior to using the City's facilities or infrastructure under this agreement, Sponsor shall furnish the City with certificates of insurance evidencing the required coverage, conditions, and limits required by the agreement, have the City named as an additional insured and provide the appropriate additional insured endorsements.

No provision of this agreement shall constitute a waiver of the City's right to assert a defense based on the doctrines of sovereign immunity, official immunity, or any other immunity available under law.

The undersigned does hereby waive, release and forever discharge the City of Kirksville, Missouri, its agents and employees, and shall hold harmless and indemnify said City of Kirksville, Missouri, its agents and employees, from any and all claims, counts, causes of action and demands of every kind and nature, including reasonable attorney's fees and cost of litigation, which may arise out of, result from or in any manner pertain to any and all loss, costs, damage or expense whatsoever from the special event that is being held on City property.

☐ By checking this box, I certify that I represent the "Sponsor" organization/individual above. By typing my name below, I agree my electronic signature is the legal equivalent of my manual signature on this application.

DANIEL M. MARTIN  
Typed Name of Event Sponsor (Representative)

Daniel M. Martin  
Signature of Event Sponsor (Representative)

5/28/18  
Date VICE CHAIR  
FLATS  
Title and Organization

[Print Form](#)

[Submit Application](#)

- FOR OFFICE USE ONLY -

Fire \_\_\_\_\_ Police \_\_\_\_\_ Parks \_\_\_\_\_ Public Works \_\_\_\_\_ Finance \_\_\_\_\_ Insurance \_\_\_\_\_  
City Council: ☐ Approved ☐ Not Approved or City Manager: ☐ Approved ☐ Not Approved  
City Manager Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_  
Date Sponsor Notified \_\_\_\_\_ By: \_\_\_\_\_



## FLATS Uncle Sam 5K Run & 1.2 Mile Walk

Wednesday, July 4, 2018 | 9:00 a.m.

Dukum Inn, 111 S. Elson, Kirksville, MO (Start/Finish)

**Distance** 5K race and 1.2 mile walk on Kirksville streets

- Information**
- Register at **Active.com** or by mailing in this form
  - All proceeds to benefit the Forest Lake Area Trail System (FLATS)
  - All race finishers receive a t-shirt; Top 5K male & female receive a trophy
  - Top three female and male finishers in each group will receive medals
  - 5K only age groups: 18 & under; 19-29; 30-39; 40-49; 50-59; 60+
  - Post-race complimentary beverages courtesy of Golden Eagle at Dukum Inn
  - View race map on Forest Lake Area Trail System Facebook page

**active.com**

**Entry fee** \$15 until July 1, 2018; \$20 up to race time

**Make checks payable to** FLATS (Forest Lake Area Trail System)

**Mail to** Thompson Campus Center - FLATS  
210 S. Osteopathy, Kirksville, MO 63501



Brought to you by:



Northeast  
Regional Medical Center  
Owned in part, by Physicians



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Distributing Co.  
St. Pleasant, IA  
Hannibal, MO Kirksville, MO



VisitKirksville.com

Rotary



Walgreens

A.T. STILL UNIVERSITY | ATSU

### FLATS Uncle Sam Run/Walk • Wednesday, July 4, 2018 • Registration Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

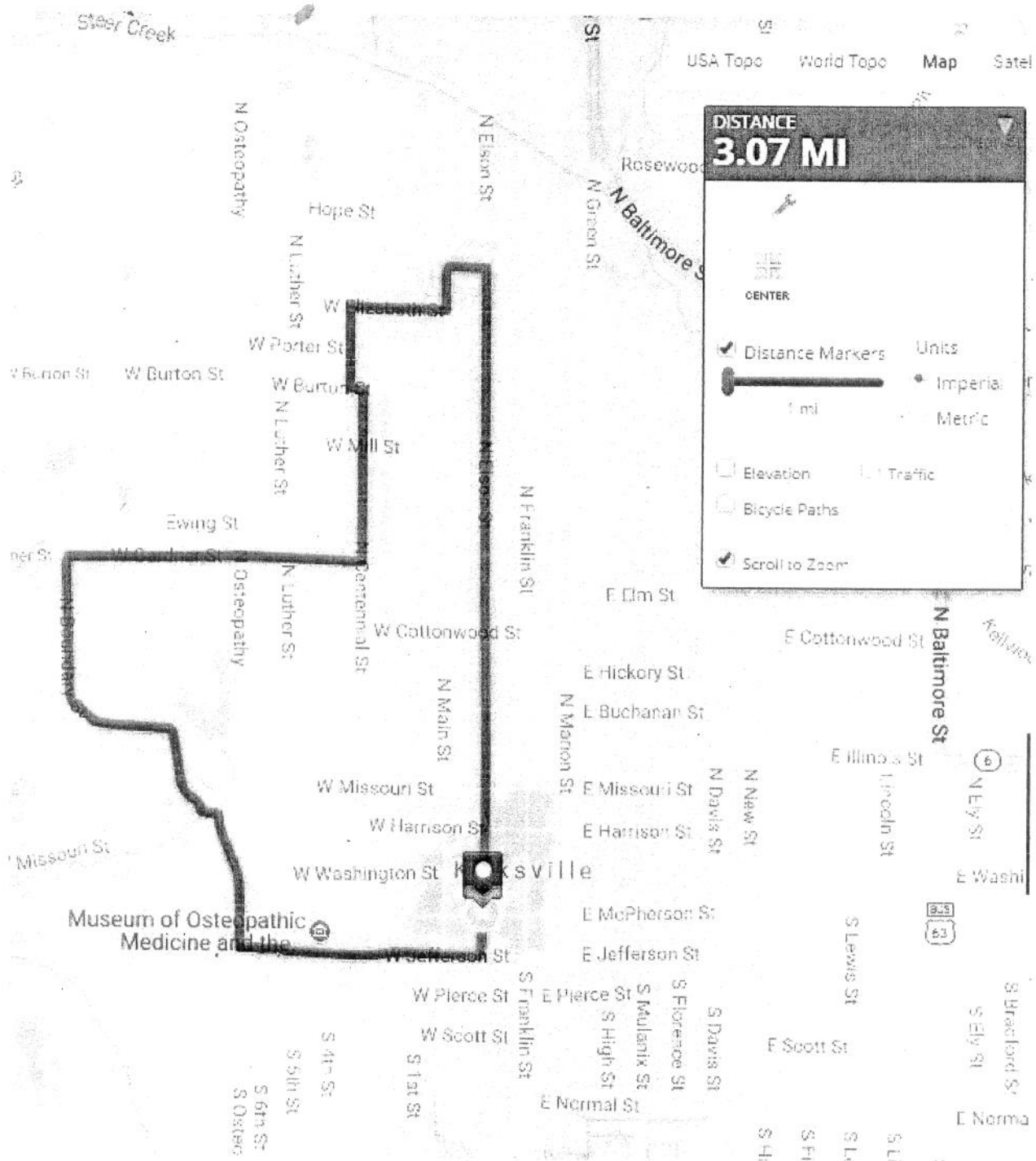
Address \_\_\_\_\_

Email \_\_\_\_\_ Shirt size ☐ S ☐ M ☐ L ☐ XL ☐ 5K ☐ 1.2 walk

Gender ☐ M ☐ F Age \_\_\_\_\_ Additional tax-deductible donation to FLATS (optional): \$ \_\_\_\_\_

**DON'T FORGET TO READ AND SIGN THE BACK OF THIS FORM!**

Office use only: Date received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount \$ \_\_\_\_\_









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2018

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	<b>CONTACT NAME:</b> Ali Sulita <b>PHONE (A/C, No, Ext):</b> 1-833-3ROTARY <b>E-MAIL:</b> rotary@ajg.com <b>ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lexington Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX (A/C, No):</b> <b>NAIC #</b> 19437
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<b>INSURED</b> All Active US Rotary Clubs & Districts Rotary Club of Kirksville - North Star ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	<b>CERTIFICATE NUMBER:</b> 899307648 <b>REVISION NUMBER:</b>
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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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			015375594	7/1/2017	7/1/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			015375594	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate holder is included as additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

**CERTIFICATE HOLDER**City of Kirksville  
201 South Franklin Street, Kirksville, MO 63501

FLATS Uncle Sam 5K - July 4, 2018

**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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