APPLICANT

The applicant will be responsible for all fees and charges that are incurred by the event. Please provide a billing address.

PERSON IN CHARGE/ORGANIZATION DUTIES

1. Identify yourself to event participants as the person who is in charge of this event.
2. Free yourself from other specific duties so you are able to generally manage all aspects of the event.
3. Keep a charged cell phone with you at all times.
5. Be available to handle all emergency situations such as accidents or unruly participants.
6. Be prepared to provide first aid to injured persons, and provide a First Aid plan.
7. Be prepared to conduct emergency evacuation if necessary.
8. Provide reasonable accommodations to persons with disabilities.
9. Answer questions regarding drinking water, access to rest rooms, parking, etc.
10. Be prepared to cancel outdoor events in case of threatening weather or lightning, and have an inclement weather plan.
11. Comply with applicable food handling guidelines, noise ordinances, etc.
12. Clean-up following the event.
13. Walk the race route at least a week prior to the race to insure there are no unforeseen construction impediments.
14. Cones indicating road closures must be provided by the race organizers and a cone pattern approved by Public Safety.
15. Cones or barricades may be used to mark the race course. Course markings must be removed on the day of the race or cleaning charges of $33/hour may be assessed. Sidewalk Chalk and duct tape are not allowed.

EVENT INFORMATION

* List the day and times that you are requesting. Keep in mind to include your set up and break down time for your event. 5K race time should be no more than two hours or a mass gathering permit from the city may be required: http://www.slvhealth.org/programs/foodprotection/massGatheringPermit.html

* A map of the race with the route highlighted must be provided.

* List any tables, tents, signs, or equipment that you will be setting up.

* If you are serving food your food must be handled by someone that has a valid food handling permit. Please refer to the University of Utah Food Handling Guide: http://www.ehs.utah.edu/FoodGuide.html

* All water served to participants must come from a clean source. Any bottled water used may only be the Dasani brand.

* A copy of the Race Liability Waiver form to be signed by race participants must be provided with your application.

  If you do not have a form an example of an acceptable form can be found at: http://web.utah.edu/risk_management/contracts/html/liability-field_trip_waiver.htm

CERTIFICATE OF INSURANCE

A Certificate of Liability Insurance may be required for your group. Certificate must be in the minimum amount of one million dollars and list the University of Utah as additionally insured. Please indicate whether your group is able to provide insurance. University groups will be required to fill out the Risk Management Race Questionnaire.

FEES

Fees will apply depending on group status or other race requirements. Services that may include fees:

* Race Fee
* Event Services
* Public Safety Services
* Special Custodial Services/Grounds Clean-up
**Race Application**

**Office:** 801-581-7854 / Fax: 801-585-7524  
**Scheduling@sa.utah.edu**  
**Student Services Building Room 40**

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### Today’s Date

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Phone</th>
<th>Fax</th>
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### Billing Address

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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Email</th>
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**Insurance may be required with a minimum amount of $1,000,000 listing the University of Utah as an additional insured.**

### Group Status

- [ ] ASUU Registered Group  
- [ ] University Department  
- [ ] University Sponsored Group  
- [ ] Non-University Group  
- [ ] Other Student Group

### Onsite Contact / Person-In-Charge

<table>
<thead>
<tr>
<th>Position</th>
<th>Phone</th>
<th>Website</th>
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### Applicant Organization Name

<table>
<thead>
<tr>
<th>Phone</th>
<th>Website</th>
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### Food/Insurance

**Food is not allowed in classrooms. Alcohol is not permitted on campus. Cancellations must be at least 24 business hours before event to avoid fees.**

---

### Event Title

- **Date:**
- **Race Start/End Time:**
- **Set-up Start/End Time:**
- **Streets/Sidewalks Used (Highlight route on map):**
- **City Permit Obtained? (if applicable):**
  - [ ] Yes
  - [ ] No

---

### Event Information

1. **Structures (canopy, tables, equipment—please describe and mark locations on race route map):**
2. Please attach the following event details:
   - [ ] Race Route
   - [ ] Participant Waiver
   - [ ] Water Placement Information
   - [ ] ASUU Race Questionnaire
   - [ ] Race Schedule
   - [ ] First Aid Plan
   - [ ] Restroom Arrangements

---

### Additional Services

- **Crowd Type:**
  - [ ] University Students
  - [ ] University Staff
  - [ ] Alumni
  - [ ] General Public

- **Age Group:**
  - 17 and younger
  - 18 and older
  - Mixed Ages

- **Estimated Size:**
  - 5 – 40
  - 41 – 75
  - 76 – 100
  - 101 – 150
  - 151 – 250
  - OVER 250

- **Event Advertising:**
  - Banner Poles
  - Invitations
  - Flyers
  - Web Ads
  - Chronicle
  - Other (Specify)

- **Lawn Signs**

---

### Will you be providing a copy of a certificate of insurance in the amount of $1,000,000 listing the University of Utah as an additional insured?

- [ ] Yes
- [ ] No

---

### Will you be serving food?

- [ ] Yes
- [ ] No

---

### Fees will apply. For current pricing of all services please contact the Scheduling Office at (801) 581-7854.

---

### Police/Security?

- Number of guards / officers present

### Custodial Services or extra garbage cans?

- [ ] Yes
- [ ] No

### Will you be hauling your own trash to an outside dumpster? ($31/hr if no)

- [ ] Yes
- [ ] No

### Electronic Equipment?

- Sound System
- Microphone
- Outdoor Power Supply

### Guest parking accommodations?

- [ ] Yes
- [ ] No

### Sidewalk access for vehicles?

- [ ] Yes
- [ ] No

---

### Do not write below this line.

**Notified:**

- [ ] RM
- [ ] Public Safety
- [ ] EHS
- [ ] Facilities & Grounds
- [ ] CDC
- [ ] IMS
- [ ] Ft. Douglas
- [ ] Hospital PR
- [ ] Other

**Approved:**

- [ ] RM
- [ ] Public Safety
- [ ] EHS
- [ ] Facilities & Grounds
- [ ] CDC
- [ ] IMS
- [ ] Ft. Douglas
- [ ] Hospital PR
- [ ] Other

**Waiting:**

- [ ] Structures Permit
- [ ] Insurance
- [ ] Food Handler’s Permit
- [ ] All Rcvd – Date

**Contract:**

- [ ] Sent to applicant: - Date
- [ ] Scheduler: 
- [ ] Final Contract Received: - Date

---

**Date ______________________**

****

**RM**

****

**Public Safety**

****

**EHS**

****

**Facilities & Grounds**

****

**CDC**

****

**IMS**

****

**Ft. Douglas**

****

**Hospital PR**

****

**Other**

**Date ______________________**

****

** Structures Permit**

****

**Insurance**

****

**Food Handler’s Permit**

****

**All Rcvd – Date**

****

**Sent to applicant: - Date**

****

**Scheduler:**

****

**Final Contract Received: - Date**