

## 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.
4. Maintain emergency response and facility maintenance phone numbers.
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](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

APPLICANT INFORMATION	Today's Date		Applicant Name:			Phone:		Fax:						
	Billing Address:				City:	State:	Zip:	Email:						
	Insurance may be required with a minimum amount of \$1,000,000 listing the University of Utah as an additional insured.													
	Group Status: <input type="checkbox"/> ASUU Registered Group <input type="checkbox"/> University Department <input type="checkbox"/> University Sponsored Group <input type="checkbox"/> Non-University Group <input type="checkbox"/> Other Student Group													
	Onsite Contact / Person-In-Charge:			Position:			Cell Phone (must be on you during the event):							
	Applicant Organization Name:				Phone:		Website:							
EVENT INFORMATION	Address:									City:	State:	Zip:	Email:	
	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):							
	Structures (canopy, tables, equipment—please describe and mark locations on race route map):								<b>City Permit Obtained? (if applicable)</b> <input type="radio"/> Yes <input type="radio"/> No					
	Please attach the following event details:													
<input type="checkbox"/> Race Route <input type="checkbox"/> Participant Waiver <input type="checkbox"/> Water Placement Information <input type="checkbox"/> ASUU Race Questionnaire <input type="checkbox"/> Race Schedule <input type="checkbox"/> First Aid Plan <input type="checkbox"/> Restroom Arrangements														
<b>Crowd Type:</b>		<b>Age Group:</b>		<b>Estimated Size:</b>		<b>Event Advertising</b>		<b>Other:</b>						
<input type="checkbox"/> University Students <input type="checkbox"/> University Staff <input type="checkbox"/> Alumni <input type="checkbox"/> General Public		<input type="checkbox"/> 17 and younger <input type="checkbox"/> 18 and older <input type="checkbox"/> Mixed Ages		<input type="checkbox"/> 5 – 40 <input type="checkbox"/> 101 – 150 <input type="checkbox"/> 41 – 75 <input type="checkbox"/> 151 – 250 <input type="checkbox"/> 76 – 100 <input type="checkbox"/> OVER 250		<input type="checkbox"/> Banner Poles <input type="checkbox"/> Invitations <input type="checkbox"/> Flyers <input type="checkbox"/> Web Ads <input type="checkbox"/> Chronicle <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Lawn Signs		Admission Charged: <input type="radio"/> Yes <input type="radio"/> No Donations Collected: <input type="radio"/> Yes <input type="radio"/> No Items Sold: <input type="radio"/> Yes <input type="radio"/> No Items Given Away: <input type="radio"/> Yes <input type="radio"/> No						
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? <input type="radio"/> Yes <input type="radio"/> No														
Will you be serving food? <input type="radio"/> Yes <input type="radio"/> No		If yes list name of licenes caterer you ar using or provide a menu, and copy of a food handler's permit:												
ADDITIONAL SERVICES	Fees will apply. For current pricing of all services please contact the Scheduling Office at (801) 581-7854.													
	Police/Security? <input type="radio"/> Yes <input type="radio"/> No    Number of guards / officers present				Event rentals needed such as tables and chairs? Please include number, size, or any other special requests.									
	Custodial Services or extra garbage cans? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Pre-Event <input type="checkbox"/> Post-Event    Number of Garbage Cans													
	Will you be hauling your own trash to an outside dumpster?(\$31/hr if no) <input type="radio"/> Yes <input type="radio"/> No													
	Electronic Equipment? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Sound System <input type="checkbox"/> Microphone <input type="checkbox"/> Outdoor Power Supply													
	Guest parking accommodations? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Signage Requested?													
Sidewalk access for vehicles? <input type="radio"/> Yes <input type="radio"/> No														
SCHEDULING OFFICE USE	Do not write below this line.													
	Notified:	<input type="checkbox"/> RM	<input type="checkbox"/> Public Safety	<input type="checkbox"/> EHS	<input type="checkbox"/> Facilities & Grounds	<input type="checkbox"/> CDC	<input type="checkbox"/> IMS	<input type="checkbox"/> Ft. Douglas	<input type="checkbox"/> Hospital PR	<input type="checkbox"/> Other	Date _____			
	Approved:	<input type="checkbox"/> RM	<input type="checkbox"/> Public Safety	<input type="checkbox"/> EHS	<input type="checkbox"/> Facilities & Grounds	<input type="checkbox"/> CDC	<input type="checkbox"/> IMS	<input type="checkbox"/> Ft. Douglas	<input type="checkbox"/> Hospital PR	<input type="checkbox"/> Other	Date _____			
	Waiting:	<input type="checkbox"/> Structures Permit			<input type="checkbox"/> Insurance		<input type="checkbox"/> Food Handler's Permit		<input type="checkbox"/> All Rcvd - Date _____					
	Contract:	<input type="checkbox"/> Sent to applicant: - Date _____			Scheduler:			<input type="checkbox"/> Final Contract Received: - Date _____						