



# CITY OF SALEM, MASSACHUSETTS

PARK, RECREATION & COMMUNITY SERVICE

401 Bridge Street, Salem MA 01970

Tel. (978) 744-0180/(978) 744-0924

pobrien@salem.com

Kimberley Driscoll  
MAYOR

Trish O'Brien  
Superintendent

## Road Bike/Race/Walk/Parade Application

**PLEASE SUBMIT PAYMENT OF \$200 WITH THIS PERMIT APPLICATION TO THE CITY OF SALEM  
PARK, RECREATION AND COMMUNITY SERVICES DEPARTMENT NO LATER THAN 45 DAYS**

**PRIOR TO THE EVENT.**

**Registered Non-Profit Fee \$150**

**ANY FOR PROFIT EVENTS WILL REQUIRE AN ADDITIONAL 5% FROM THE  
REGISTRATION FEES POST EVENT.**

We, the undersigned, respectfully apply for permission to host a road race/walk in the City of Salem as follows:

Applicant's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Name of Race/Walk/Parade: \_\_\_\_\_

Contact #: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Organization Tax Status (please include Tax ID Number): \_\_\_\_\_

What Charities Will This Race/Walk Be Benefiting?  
\_\_\_\_\_

Approximately How Much of the Race/Walk/Parade Proceeds Will Be Donated to Each Charity(s)  
\_\_\_\_\_

### **Day of Race/Walk Contact Information:**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Estimated Number of Participants: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Estimated Finish Time of Event: \_\_\_\_\_

Start Location: \_\_\_\_\_ Finish Location: \_\_\_\_\_

Distance of Event: \_\_\_\_\_

Has This Event Been Held Before? \_\_\_\_ Yes \_\_\_\_ No

**All Races/Walks/Parades Are Required to Recycle and Remove Trash.**

Please Explain Your Plan (Will You Bring to North Shore Recycled Fiber on 53 Jefferson Ave, Open M-F; Bring to Your Home Curbside, or Other?) If You Have Questions about Recycling, Please Contact Julie Rose for More Information 978-619-5679

Onsite EMT/Ambulance Service (Required): \_\_\_\_\_ initial

Please Attach a Map of Route With the Following Items:

1. Race/Walk Course
2. Direction of Runners Through the Race/Walk course
3. Starting and Finishing Points
4. Meeting Points For Racers Before and After the Race/Walk
5. Last year's race financials

Certificate of Insurance Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

A certificate of insurance for general liability naming the City of Salem as primary additional insured for amount not less than \$1,000,000 combined single limit for injury or death or property damages (including loss of use) in any one occurrence, and \$1,000,000 general aggregate coverage. (The City of Salem reserves the right to increase coverage minimum if event presents extraordinary risk).

**RELEASE & INDEMNITY AGREEMENT APPLICANT'S SIGNATURE** *The undersigned Sponsor, by signature below, shall defend, indemnify, and hold the City of Salem, its officers, agents and employees, harmless against all liability, loss, or expenses, including attorney's fees, and against all claims, actions or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission of an act sustained in any way in connections with the performance of this event or by conditions created thereby, or based upon violation of any statute, ordinance or regulation. This contractual indemnity provision does not abrogate common law or statutory liability and indemnification to the City of Salem, but is in addition to such common law or statutory provisions.*

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

Applicant's signature

Name of applicant

A copy of this permit will be sent to the applicant upon approval. Please call Park, Recreation & Community Services if you have any questions. 978-744-0924

**CITY USE ONLY**

Payment Received: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Date Permit Mailed to Applicant: \_\_\_\_\_

Approved By:

Director (Or Designee) of Salem Park, Recreation & Community Services

Salem Police Department

Effective date of form: 2/8/12

Revised date of form: 1/1/18