

EVENT PERMIT

Ordinance 14-15

ENERGY FOR LIFE WALKATHON SWFL

PERMIT NUMBER: TMP2015-00206**Date(s) of Event:** November 14, 2015 from 6:30am until 1:00pm**Property Owner:** LEE COUNTY**Applicant:** UNITED MITOCHONDRIAL DISEASE **Contact:** CHARLES MOHAN JR**Description:** Fundraising event for the United Mitochondrial Disease Foundation including a 1 mile and a 5K walk route**Location of event:** 9190 9398 CORKSCREW PALMS BLVD ESTERO 33928
ESTERO RECREATION CENTER AND COMMUNITY PARK ***412-354-1553

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

Will there be alcohol consumed or sold at the event ? No

Will a bond be posted for this event ? No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners
Lee County, Florida
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TMP2015-00204

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

☒ SPECIAL EVENT PERMIT

☒ USE OF COUNTY PROPERTY PERMIT

☐ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	Energy For Life Walkathon-SWFL
Date(s) of Event / Production:	November 14, 2015
Location(s) of Event:	Estero Recreation Center and Community Park
Name of Applicant:	Charles Mohan, Jr., CEO Executive Director- United Mitochondrial Disease Foundation
Applicant Address:	United Mitochondrial Disease Foundation 8085 Saltsburg Road Suite 201 Pittsburgh, PA 15239
Applicant Phone Number:	412-793-8077
Contact Person: (If different from applicant)	Margaret Moore Regional Coordinator-Southeast
Contact Phone Number: (If different from applicant)	412-354-1553
Email Address:	margaret.moore@umdf.org
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	The Energy for Life Walkathons (EFL) are the signature fundraising event for the United Mitochondrial Disease Foundation. The EFL-SWFL will be the inaugural event in the Fort Myers area. The event will include a 1 mile and a 5K Walk Routes. Registration will begin at 8:30. The Walk will begin at 10:00 and the event will commence at 12:00 PM.
Hours of Operation:	6:30 AM-1:00PM
STRAP # of Parcel:	044025040100001A
Owner of Premises*:	Lee County

*Notarized statement from the property owner specifically consenting to the proposed use required.

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises?

CF

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: Tents- 10X10

Do you have the appropriate permits for the temporary structures? ☐ Yes ☒ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Hartford Insurance

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address):

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization
Providing Food:

Type of Food being Served: Pre-Packaged Snacks and Water will be available

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: United Mitochondrial Disease Foundation

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: United Mitochondrial Disease Foundation

Address of Charity: 8085 Saltsburg Road Suite 201 Pittsburgh, PA 15239

Phone Number: 412-793-8077

Non-profit certificate/registration number: 25-1767180

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number:

(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

- ☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Will any of the following be needed or included*?

- | | | |
|--------------------------------|---|--|
| Street Closure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Traffic / Crowd Control | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fire or Burning | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Explosives or Pyrotechnics | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Animals, Large or Small | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction of Any Kind | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Helicopters, Boats, etc. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Stunts | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

* For any marked Yes, provide further details below:

Animals - Service Dogs

Special Parking Requirements:

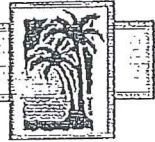
Will look into reserving the over flow parking.

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____
 Total budget: _____ Estimate amount spent in Lee County: _____
 Hotel room nights: _____ Number of shooting days: _____
number of rooms x number of nights

Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required

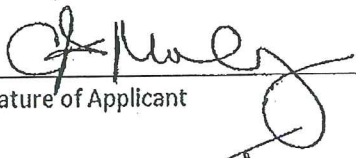


SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.



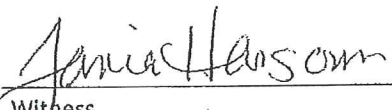
Signature of Applicant

CA MOHAM JR

Print Name of Applicant and Title

6-25-15

Date



Witness

Tania Hanscom

Print Name of Witness

6/25/15

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

☒ SPECIAL EVENT PERMIT

☒ USE OF COUNTY PROPERTY PERMIT

☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

In authorized parking areas only.

Deputies (How Many?):

None required.

Fee for Services:

Special Arrangements:

None.

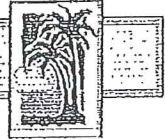
Print Name: Capt. Scott Lucia

Signature: *Capt. Scott H. Lucia*

Title: Special Events, Permits and Details

Date: 27 July 2015

Lee County Event Permit Application



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Fire Guards (How Many?)

NA

Fee for Services:

Any tent over 900 square feet shall require inspection.

Flammable Vegetation:

NA

First Aid Equipment:

Call 9-1-1 for all emergencies.

Fire Extinguishing:

All tents over 900 square feet shall have an approved extinguisher.
No cooking under tents.

Special Arrangements:

None

Print Name: Phillip Green

Signature:

Phillip Green

Title:

Fire Marshal

Date:

August 10, 2015

Lee County Event Permit Application



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY
14752 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33912
(239) 533-3911

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:

N/A

Medical Personnel:

N/A

Medical Supplies /
Equipment:

N/A

Safety Requirements:

N/A

Fee for Services

Pl's are billed at time of service

Special Arrangements:

Call 9-1-1 as needed for emergencies

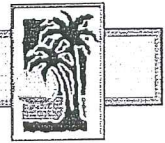
Print Name: SCOTT RILEY

Signature: [Signature]

Title: Deputy Director

Date:

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

Park in designated parking areas. No event parking on Lee County DOT maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan D. Miller

Signature: Bryan Miller

Digitally signed by Bryan Miller
DN: cn=Bryan Miller, Lee County DOT, ou=DOT Engineering,
email=bmiller@leegov.com, c=US
Date: 2015.07.14 13:56:07 -0400

Title: Senior Project Manager

Date: 7/14/15

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:

Organizer to provide own lighting for set up if on site prior to sunrise.

Parking Areas:

Drop off of supplies and or other equipment may be made utilizing the service road between the chillers and the rec center. After drop off all vehicles must be moved back to the parking lots. If overflow parking is needed organizer is to contact the management company which is Estero Park Commons Master Association, Inc. 9250 Corkscrew Palms Blvd #8 Contact person is Karen Edwards-Office manager, Phone #239-277-1515. Must receive authorization to use their parking lots.

Special Arrangements:

No staking of tents into the central green lawn area. All tents must be secured by means of water barrels or sand bags. If food vendor will be on site then an extra dumpster should be ordered from WastePro at organizer's expense.

Playground bathrooms open at 7:00 am

Print Name:

Alise Flanjack

Signature:

Alise Flanjack

Irma Reyes, Supervisor
Estero Comm Park
239-498-0415

Title:

Deputy Director

Date:

1/7/15

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

☒ SPECIAL EVENT PERMIT

☒ USE OF COUNTY PROPERTY PERMIT

☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

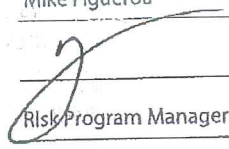
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to the applicants use of aforementioned event on Lee County property.

Special Arrangements: A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: July 13, 2015



CERTIFICATE OF LIABILITY INSURANCE

AJL
R002DATE (MM/DD/YYYY)
7/10/2015

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 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).

PRODUCER AFFINITY INS SRVCS, INC ASAE/PHS 620241 P: (866) 467-8730 F: (704) 921-4658 PO BOX 29611 CHARLOTTE NC 28229	CONTACT NAME:	
	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No): (704) 921-4658
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED UNITED MITOCHONDRIAL DISEASE FOUNDATION 8085 SALTSBURG RD STE 201 PITTSBURGH PA 15239	INSURER A: Hartford Casualty Ins Co	NAIC# 29424
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	SUBR HYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			42 SBW KH4190	03/11/2015	03/11/2016	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$300,000	
	General Liab	X	MED EXP (Any one person)				\$10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		PERSONAL & ADV INJURY				\$2,000,000	
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			GENERAL AGGREGATE	\$4,000,000			
	OTHER:			PRODUCTS - COMP/OP AGG	\$4,000,000			
A	AUTOMOBILE LIABILITY			42 SBW KH4190	03/11/2015	03/11/2016	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS		X				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS	X	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
A	UMBRELLA LIAB	X	OCCUR	42 SBW KH4190	03/11/2015	03/11/2016	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$2,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$10,000						\$
								\$
	WORKERS COMPENSATION AND EMPLOYEES' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

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

Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008, and the Hired Auto and Non-Owned Auto Endorsement SS0438 attached to this Policy.

OK MP 07/13/15

CERTIFICATE HOLDER**CANCELLATION**

LEE COUNTY BOARD OF COMMISSIONERS
PO BOX 398
FORT MYERS, FL 33902

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

Joe Taylor

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Lee County Event Permit Application



LEE COUNTY VISITOR & CONVENTION BUREAU
2201 SECOND STREET, SUITE 600
FORT MYERS, FLORIDA 33901
(239) 338-3500

Check the appropriate box(es) below:

☐ FILM PERMIT ONLY

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Special Arrangements:

Other:

Print Name: _____

Signature: _____

Title: _____

Date: _____

Tania Hanscom

From: Rose, Lee <lrose@leegov.com>
Sent: Tuesday, July 28, 2015 10:23 AM
To: Tania Hanscom
Subject: RE: UMDF - Energy for Life Walkathon - Nov 14 - Estero Community Park

Tania:

Sorry for my delayed response. My signature isn't needed due to the fact that our office handles photo/video/TV/movie shoot projects. Your event doesn't fall under this type of activity, so permission is not needed from the Lee County Film Office.

Thank you.

Lee

LEE ROSE
Communications Manager



**THE BEACHES OF
FORT MYERS
AND SANIBEL**

FORTMYERS-SANIBEL.COM

Lee County Visitor & Convention Bureau / Lee County Film Office
2201 Second Street, Suite 600
Fort Myers, Florida 33901-3086

239.338.3500 800.237.6444



Follow us:

The Beaches of Fort Myers & Sanibel in southwest Florida includes: Sanibel & Captiva Islands, Fort Myers Beach, Fort Myers, Bonita Springs, Estero, Cape Coral, Pine Island, Boca Grande & Outer Islands, North Fort Myers, Lehigh Acres.

From: Tania Hanscom [mailto:taniah@UMDF.ORG]
Sent: Tuesday, July 28, 2015 10:13 AM
To: Rose, Lee
Subject: RE: UMDF - Energy for Life Walkathon - Nov 14 - Estero Community Park

Good Morning Lee -

I still have not received your signed portion of our contract for Estero Community Park. I've re-attached for signature and approval.

Thank you so much!
Tania



Lee County Parks and Recreation
3410 Palm Beach Blvd.
Fort Myers, FL. 33916
Phone: 239-533-7275

Invoice Number: _____

This permit entitles holder to exclusive use of the following facilities during the hour and date shown below. This permit also serves as a bill. All reservations must be paid for in advance. Refunds of community center rental fees will be made if notification of cancellation is made at least 72 hours before the scheduled use. A refund request must be signed by the renter and permit returned to obtain the refund. The refund policy does not apply to annually scheduled users.

Date issued:

Name: Charles A. Mohan, Jr.	Type of Activity: Fundraiser-	
Address: 8085 Saltsburg Road Suite 201	Organization/Team: Energy for Life Walkathon-SWFL	
City/State/Zip: Pittsburgh, PA 15239	Phone Number: 412-793-8077	
Margaret.moore@umdf.org	Times	
Date: Nov 14, 2015	From: 6:30AM	To: 1:00 PM
Date:	From:	To:
Name of Facility: Estero Comm Park	Bldg. / Field #: Stago & Lawn Area-No. Pavilion-Wedd Gazebo	
Other Comments: \$500.00 Stage & Lawn Area- Deposit (Refundable) , \$500.00 Stage & Lawn Area Fee (Non Refundable) , \$50.00 No. Pavilion Daily Fee, \$50.00 Wedd Gazebo Daily Fee.		
Hours: Daily Fees	Rate: \$500.00 deposit Stage \$500.00 fee Stage \$ 50.00 Gazebo \$ 50.00 No. Pavilion	Total Fee: 1,100.00.

Approved by: _____ Title: _____ Date: _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

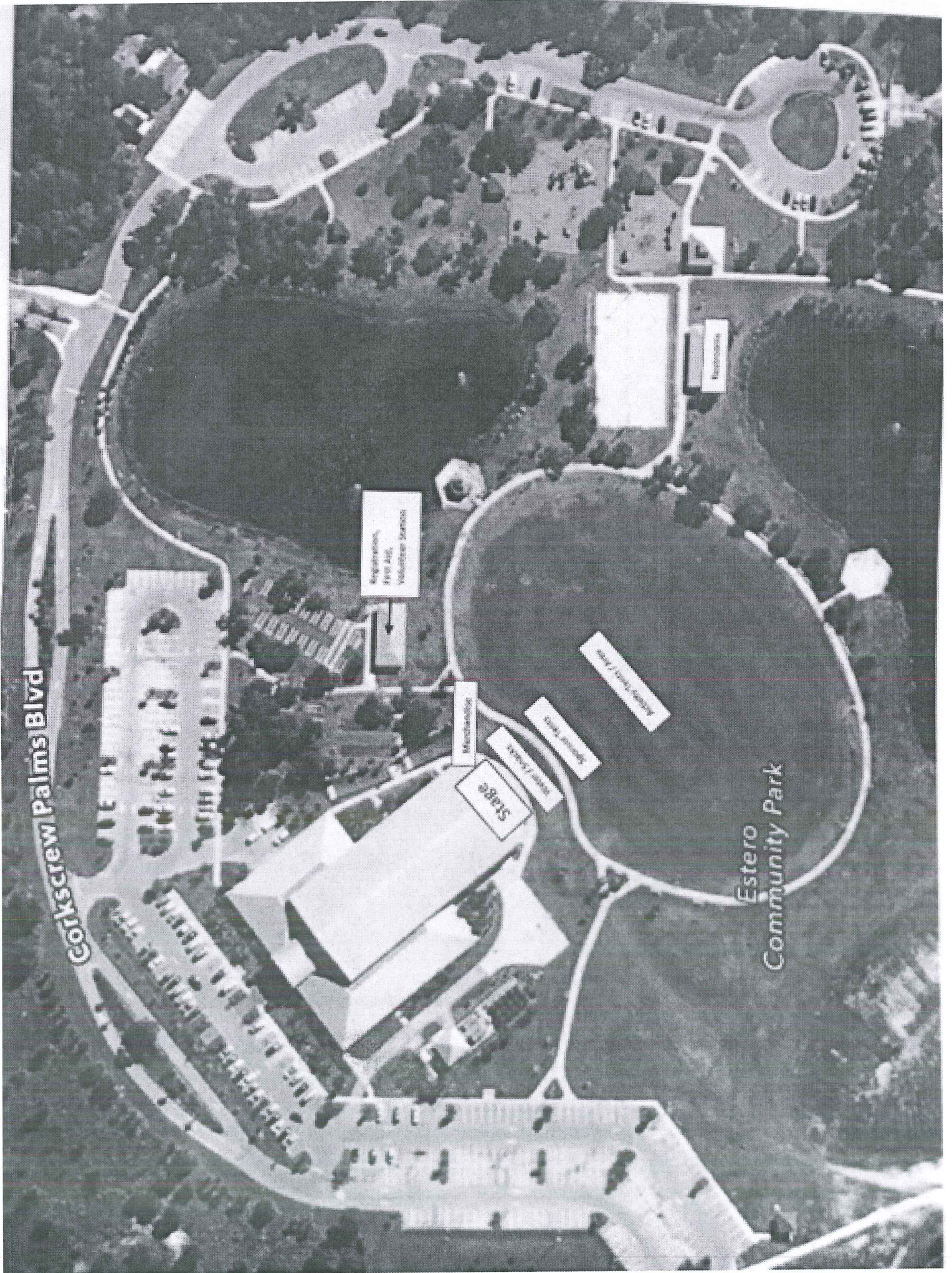
I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature.

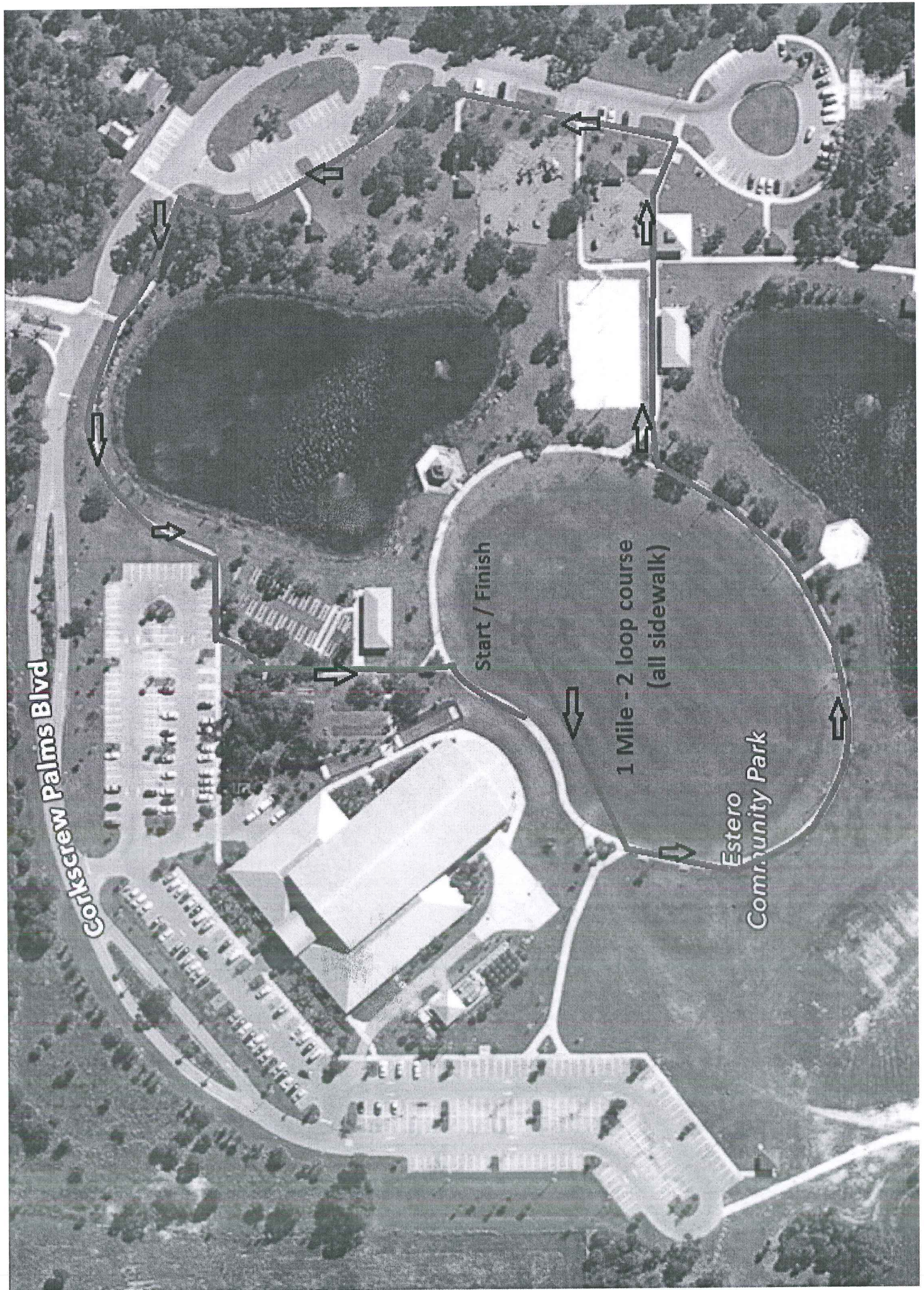
PARTICIPANT'S SIGNATURE

CA MOHAN JR
PRINT NAME OF PARTICIPANT

6-25-15
DATE

ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN PARKS OR FACILITIES



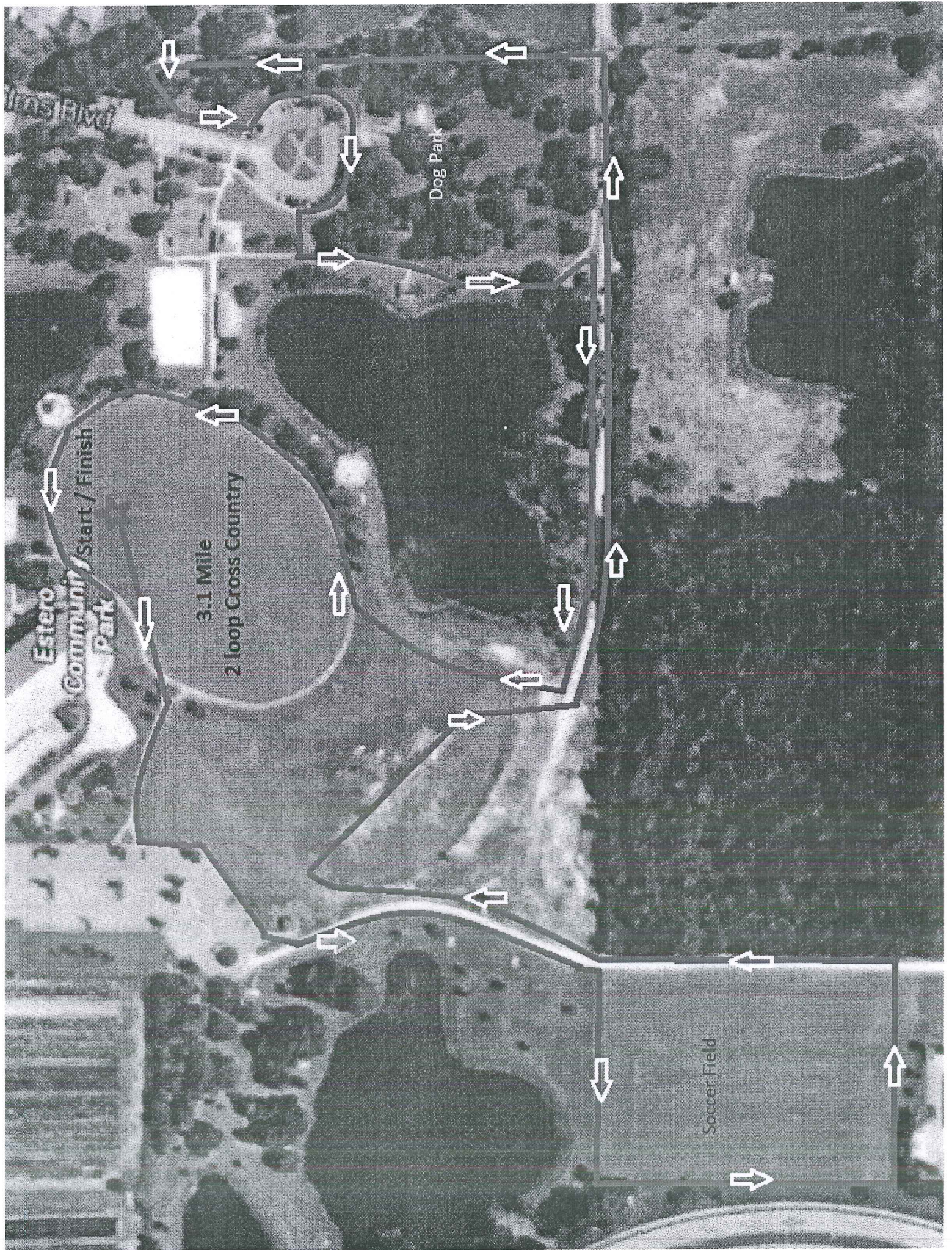


Corkscrew Palms Blvd

Start / Finish

1 Mile - 2 loop course
(all sidewalk)

Estero
Community Park



Alms River

Dog Park

Estero Community Park
Start / Finish

3.1 Mile
2 loop Cross Country

Soccer Field