

EVENT PERMIT



Ordinance 14-15

8 HOURS OF HELL RACING SERIES

PERMIT NUMBER:

TMP2016-00256

Date(s) of Event:

October 15, 2016 from 8:00am until 7:00pm

Property Owner:

LEE COUNTY

Applicant:

JUSTIN RADLEY

Contact: JUSTIN RADLEY

Description:

Trail running ultra race, Championship Race after (5) events

Location of event:

17980 PALM BEACH BLVD ALVA 33920

HICKEYS CREEK MITIGATION PARK/***315-374-0356

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

Event Application Checklist

- Lee County Sheriffs Office
- Fire Department
- Department of Transportation
- Parks and Recreation
- Risk Management
- **EMS**

| CASE #: | mp2010-00256 |
|---------|--------------|
| CASE #. | |

Date of Event: 10/15/2010



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

| Check the appropriate box(es) be | iow. |
|----------------------------------|------|

| _ | SPECIAL | EVENT | PERMIT |
|---|----------------|--------------|---------------|
|---|----------------|--------------|---------------|

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

| FILIVI FLIVIANI | | | | | |
|--|---|--|--|--|--|
| Section I - GENERAL INFO | ORMATION (All Permit Types) | | | | |
| Title of Event / Name of Production | 8 Hours of Hell Racing Series Championship Race | | | | |
| Date(s) of Event / Production: | October 15, 2016 | | | | |
| Location(s) of Event: | Hickeys Creek Mitigation Park, Alva 17980 Palm Beach Blvd | | | | |
| Name of Applicant: | Justin Radley | | | | |
| Applicant Address: | 1526-2 Park Meadows Drive Fort Myers, FL 33907 | | | | |
| Applicant Phone Number: | 315-374-0356 | | | | |
| Contact Person: (If different from applicant) | | | | | |
| Contact Phone Number: (If different from applicant) | | | | | |
| Email Address: | radleyj@gmail.com | | | | |
| Estimated Attendance: | 60 | | | | |
| Event Description: Include each activity, when activities take place, etc. | Trail running ultra race. Race time is from 10am to 6pm. Championship Race after 5 events at Caloosahatchee Regional Park, 2 parks in Charlotte County and 1 in Sarasota. | | | | |
| Hours of Operation: | 8am-7pm, including setup and clean uptime | | | | |
| STRAP # of Parcel: | | | | | |
| Owner of Premises*: | Lee County Parks and Rec | | | | |

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



Fill out the following questions for allpermit types:

| What is the Zoning Classification of the | premises? Park Ael-2 | |
|--|--|---|
| Are any temporary structures to be insta | alled for the event? ☐ Yes No | Туре: |
| Do you have the appropriate permits for | r the temporary structures? | ☐ Yes ☐ No |
| * For a 'Special Event' and 'Use of Coun indentified, including all parking areas. | ty Property' permit, submit a site plan wit | th all proposed facilities and activities |
| Insurance Company Insuring the Event: | USATF | 9 |
| Note: Certificate of Insurance must be submitted | d at time of application | |
| Surety Company Bonding this Event (Na | me 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 X 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: | | o a a a a a a a a a a a a a a a a a a a |
| Section II - USE OF COUNTY P | ROPERTY PERMIT | |
| Organization Sponsoring the Event: Tra | ilhead Ultras, LLC | |
| | Solicitation in the County Rights-of-Way | , |
| Name of Charity: | | |
| Address of Charity: | | |
| Phone Number: | , | |
| | | |
| Non-profit certificate/registration num | ber:Consumer Services §496.405 or proof the organization is | s exempt from this requirement 5316 2045) |
| | | |
| Section III - SALE/CONSUMPT | ON OF ALCHOLIC BEVERAGES PI | ERMIT |
| Is alcohol being sold/consumed on Court of Yes, then a "Lee County Alcohol Permit" is required. Non-profit certificate/registration number (Required if alcohol is to be SOLD at the event) | Only non-profit organizations can sell alcohol on County | ├─ Yes |

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

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 permises 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 Applicate

Justin Ralley Race Director

8/30/16

Date

Witness

Print Name of Witness

Date



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

| Check the appropria | te box(es) belo | w: |
|--|-----------------------------------|---|
| SPECIAL EVE | | |
| ☑ USE OF COU | INTY PROPERTY F | PERMIT ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| | | ME ALCOHOLIC BEVERAGES WITHIN LEE COOKEY LYCOLORISE |
| ☐ FILM PERMI | I | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PL ICANT TO COMPL | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. |
| Parking: | Parking in authorize | d parking areas only. |
| | | |
| Deputies (How Many?): | None. | |
| | | |
| | | |
| Fee for Services: | None. | |
| | | |
| Special Arrangements: | None. | |
| | | |
| | | |
| | | • |
| | | |
| | Print Name: | Capt. Scott Lucia |
| | Signature: | Capt. Scott Lucia Digitally signed by Capt. Scott Lucia Date: 2016.09.12 09:52:35 -04'00' |
| | Title: | Special Events, Permits and Details |
| | Date: | 12September 2016 |
| | | |



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 appropria | te box(es) below | : |
|--|---------------------------------------|--|
| M SPECIAL EVE | ENT PERMIT | |
| | INTY PROPERTY PE | RMIT |
| FILM PERM | | |
| AFTER REVIEWING THE A | APPLICATION, PLEA CANT TO COMPLY V | SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION VITH FOR THEIR EVENT. |
| Fire Guards (How Many?) | и/n | |
| Fee for Services: | & No inspe | ctions required. |
| Flammable Vegetation: | N/A | |
| First Aid Equipment: | must provide st to event Ctrain | in AP with first need training and make readily available ls race). |
| Fire Extinguishing: | | |
| Special Arrangements: | provide account | chability for all participants. Ensure adequate s on trails in event of emergency. |
| Lahigh Acres Fire Control and Rescue Districts | Print Name: | Ken Bennett |
| - | Signature: | KanBack |
| | Title: | Hospislant Chief of Administration |
| | Date: | September 14, 2016 |
| | | · |



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

| Check the appropria ☐ SPECIAL EVE ☐ USE OF COL | ENT PERMIT JNTY PROPERTY PE | |
|--|--------------------------------------|---|
| AFTER REVIEWING THE WILL REQUIRE THE APPLI | APPLICATION, PLEA CANT TO COMPLY | ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT. |
| Treatment Facilities: | None necessary. | |
| Medical Personnel: | Please work with Alva | Fire to have the fire engine will our paramedic available on site for this event. |
| Medical Supplies / Equipment: | None necessary. | |
| Safety Requirements: | No additional precau | tions necessary. |
| Fee for Services | Not applicable. | |
| Special Arrangements: | Please call 911 in the 239 533-3911. | event of an emergency. To arrange special event coverage, contact our office at |
| | Print Name: | Benjamin Abes |
| | Signature: | Benjamin Abes Date: 2016.09.12 07:51:58 -04'00' |
| | Title: | Chief |
| | Date: | 09/12/2016 |



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

| Check the appropriate SPECIAL EVIDENCE USE OF COLUMN PERMIT TO ☐ FILM PERM | ENT PERMIT JNTY PROPERTY P SELL AND CONSUI | ERMIT | AGES WITHIN LEE COUNTY | FACILITIES |
|--|--|---|--|-------------------|
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLI | EASE INDICATE BELOW Y WITH FOR THEIR EVE | / WHAT ARRANGEMENTS ` | YOUR ORGANIZATION |
| Parking: | No event parking on | Le County maintain road r | ights-of-way. | |
| Ingress and Egress: | Use all established n | neans of ingress and egres | S. | |
| Special Arrangements: | Use Lee County She | riff's Office for assistance w | vith traffic control as needed. | |
| | Print Name: Signature: Title: Date: | Bryan Miller Bryan D. Miller Senior Project Manager September 26, 2016 | Digitally signed by Bryan D. Miller Date: 2016.09.26 07:38:44 -04'00' | - - |



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

| 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 AVEL WILL REQUIRE THE APPL | APPLICATION, PLI ICANT TO COMPL | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. | | |
| Illumination: | N/A | | | |
| Parking Areas: | Additional parking withat there is no obst | will be allowed in the RV spaces and along the driveway on the grass areas. Ensure truction of the roadway for any needed emergency vehicles. | | |
| Special Arrangements: | which will include t stations. Trailhead U | pation Park will be closed to the general public during this event for a rental rate he cost of parking. LCPR Staff will provide access to the set up the water and aid Ultras, LLC will provide water, cups, coolers, port-a-lets, first aid kits and contact ders (and staff) in the event of an emergency. Trailhead Ultras, LLC will be responsible d removal of trash from the parking area and the trail. | | |
| | Print Name: Signature: | Alise Flanjack Abse Flayack | | |
| | Title: Date: | Deputy Director September 13, 2016 | | |

Hickey's Creak Trail Run



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

| Check the appropriate | e box(es) below: |
|---|---|
| ☐ PERMIT TO SE | ITY PROPERTY PERMIT ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| AFTER REVIEWING THE A WILL REQUIRE THE APPLIC | PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ANT 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 applicants use of aforementioned event within Lee County. |
| 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. Subject to proof of insurance. |
| | Print Name: Mike Figueroa Signature: Title: Risk Program Manager Date: |

CERTIFICATE OF INSURANCE

DATE: 9/8/2016

CERTIFICATE NUMBER: 20160906469419

AGENCY:

d/b/a Entertainment & Sports Insurance eXperts (ESIX) d/b/a Entertainment and Sports Insurance Agency (California) 2727 Paces Ferry Road, Building Two, Suite 1500 Atlanta, GA 30339 678-324-3300 (Telephone) 678-324-3303 (Facsimile)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

INSURERS AFFORDING COVERAGE:

NAMED INSURED:

USA Track & Field, Inc.

132 East Washington Street, Suite 800 Indianapolis IN 46204

Trailhead Ultras LLC

INSURER A:

Philadelphia Indemnity Ins. Co.

NAIC #: 18058

INSURER B:

Philadelphia Indemnity Ins. Co.

NAIC #: 18058

EVENT INFORMATION:

8 Hours of Hell Racing Series Championship Race (10/15/2016 - 10/16/2016)

POLICY/COVERAGE INFORMATION:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INS | TYPE OF INSURANCE: | POLICY NUMBER(S): | EFFECTIVE: | EXPIRES: | LIMITS: | |
|-----|-------------------------------|-------------------|-----------------------|-----------------------|---------------------------------------|--------------|
| Α | GENERAL LIABILITY | | | | | |
| | X Occurrence | PHPK1403938 | 11/1/2015 12:01 AM | 11/1/2016 12:01 AM | GENERAL AGGREGATE (Applies Per Event) | \$3,000,000 |
| | X Participant Legal Liability | | 12.0 | EACH OCCURRENCE | \$1,000,000 | |
| | | | | | DAMAGE TO RENTED PREMISES (Each Occ.) | \$1,000,000 |
| | | | | | MEDICAL EXPENSE (Any one person) | EXCLUDED |
| | | | | PERSONAL & ADV INJURY | \$1,000,000 | |
| | | | | PRODUCTS-COMP/OP AGG | \$3,000,000 | |
| В | UMBRELLA/EXCESS LIABILITY | | <u> </u> | | | |
| | X Occurrence PH | 1 | 1 | 11/1/2016 12:01 AM | EACH OCCURRENCE | \$10,000,000 |
| | | | | | AGGREGATE (Applies Per Event) | \$10,000,000 |
| | | 1 | l . | I | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.

The certificate holder is an additional insured as required by written contract or written agreement, but only for liability arising out of the negligence of the Named Insureds per the following endorsement; Additional Insured - Certificate Holders (Form PI-AM-002)

The General Liability policy is primary and non-contributory with respect to the negligence of the Named Insureds (Form CG 00 01).

The General Liability policy contains a blanket Waiver of Subrogation as required by contract per Waiver of Transfer of Rights of Recovery Against Others (Form CG 24 04).

Excess policy follows form of underlying General Liability.

Che ME/09/2012

CERTIFICATE HOLDER:

NOTICE OF CANCELLATION:

Lee County BOCC 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:



