

# EVENT PERMIT

Ordinance 17-08

## PADDLE AT THE PASS

**PERMIT NUMBER:** TMP2017-00387

**Date(s) of Event:** February 3, 2018 from 7am until 1pm

Property Owner: LEE COUNTY

Applicant: SOUTH FLORIDA CANOE KAYAK CLUB      Contact: MELINDA MACK

Description: Race on the water for paddlers.

Location of event: 4577 PINE ISLAND RD NW MATLACHA 33993  
MATLACHA COMMUNITY CENTER\*\*\*239-443-6527

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

Will the event be held on County Owned Property ?      Yes

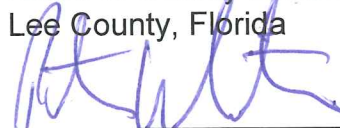
Will there be alcohol consumed or sold at the event ?      No

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

 1-18-18  
\_\_\_\_\_  
County Manager      Date

Passou off the Pass  
Dist # 12-15-17



Lee County  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP 2017-00387

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 ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	Paddle at the PASS
Date(s) of Event / Production:	Feb 3, 2018
Location(s) of Event:	Matthacha Park
Name of Applicant:	South Florida Canoe Kayak Club
Applicant Address:	418 SW 3rd Place, Cape Coral, FL 33911
Applicant Phone Number:	239-443-6527
Contact Person: (If different from applicant)	Melinda Mack
Contact Phone Number: (If different from applicant)	
Email Address:	melinda.mack@sfcke.org
Estimated Attendance:	20-60
Event Description: include each activity, where activities take place, etc.	8am - Athlete Breakfast 9am - Athlete Mtg 9:30-12:30 Race
Hours of Operation:	7am - 1pm
STRAP # of Parcel:	
Owner of Premises*:	

\*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? Parks & Rec

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: \_\_\_\_\_

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: American Canoe Assoc.

Note: Certificate of Insurance must be submitted at time of application - need coverage & will provide

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, product 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:

N/A  
N/A

Type of Food being Served:

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: South Florida Canoe Kayak Club

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

Name of Charity: South Florida Canoe Kayak Club

Address of Charity: 418 SW 3rd Place, Cape Coral, FL 33999

Phone Number: 239-443-1650

Non-profit certificate/registration number: 85-80165903CAC-0

(Proof of registration with the Dept. of Agriculture & Consumer Services 5496.425 or proof the organization is exempt from this requirement 5496.2442)

Section III - SALE/CONSUMPTION OF ALCOHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? ☐ Yes ☒ No

If yes, then a "Use of County Property 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 (352) 344-0825 for further details.

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

N/A

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

\* For any marked Yes, provide further details below:

Special Parking Requirements:

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.

Melinda A. Mack

Signature of Applicant

Melinda A. Mack

Print Name of Applicant and Title

Dec 7, 2014

Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Date

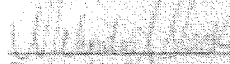
Applicant Agreement - Signature Required

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



Signature of Applicant




Witness



Print Name of Applicant and Title



Print Name of Witness



Date



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:

Parking in authorized areas only within the confines of the park.

Deputies (How Many?):

One (1) Marine Unit Deputy and boat to be hired.

Fee for Services:

1 Marine deputy for 6 hour minimum X \$40/hr = \$240 (All boat details have a 6 hr min)  
Boat fee \$20/hr X 6 hours = \$120  
Estimated cost for boat detail is \$360

Special Arrangements:

Event course will now take paddlers out of the Matlacha Community Park and south to paddle around McCardle Island. Event organizer will have rescue boats in a motorized boat as well as canoes to assist with any of the paddlers needs. LCSO Marine Unit deputy will be present along the route to draw attention to race, the participants, and to keep other boating traffic out of the area as needed. Event organizer must coordinate with LCSO Details Unit prior to the event to schedule the detail deputy.

Print Name: Captain J. Loethen

Signature:

*Capt J Loethen 92149*

Title:

Special Operations Commander

Date:

1-8-18

**Mike Scott**  
Office of the Sheriff



State of Florida  
County of Lee

Exhibit A  
Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

**The current detail rates are:**

<b>Security</b>	<b>\$40/hr</b>	<b>Traffic</b>	<b>\$50/hr</b>
<b>Funeral Escort</b>	<b>\$40/hr</b>	<b>Security Supervisor</b>	<b>\$50/hr</b>
<b>Escort</b>	<b>\$40/hr</b>	<b>Traffic Supervisor</b>	<b>\$60/hr</b>
<b>Boat</b>	<b>\$40/hr</b>	<b>Civil Stand-by</b>	<b>\$60/hr</b>
<b>Holiday/Last Minute</b>	<b>\$60/hr</b>	<b>Prisoner Transport</b>	<b>\$60/hr</b>

*Details are charged a \$15 per deputy vehicle rate (when applicable).  
All boat details are charged a \$20 per hour boat rate (when applicable).*

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety without penalty.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed unarmed security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. **Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.**

LEE COUNTY SHERIFF'S OFFICE USE ONLY			
Total Deputy(ies) <u>1</u>	Total Hours <u>6</u>	Rate per Hour <u>\$40</u>	Vehicle Rate <u>\$20/hr</u>
Supervisory Deputy(ies) _____	Total Hours _____	Rate per Hour _____	Vehicle Rate _____
Entity _____			



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

May 24, 2017

Page 2

LCSO Details Main Phone Number: 239-477-1199			
Vendor Information			
Business Name: <u>South Florida Canoe Kayak Club</u>			
Street: <u>418 SW 3rd Place</u>			
City: <u>Cape Coral</u>		State: <u>FL</u>	Zip Code: <u>33991</u>
Business Contact: <u>Melinda Mack</u>		Phone: <u>239-443-6527</u>	
Email Address: <u>melinda.mack@sfckc.org</u>			
Event Information			
Detail Location: <u>Matlacha Community Park</u>			
Street: <u>4557 Pine Island Rd</u>			
City: <u>Matlacha</u>		State: <u>FL</u>	Zip Code: <u>33993</u>
Contact During Event: <u>Melinda Mack</u>		Phone: <u>239-443-6527</u>	
Event Date: <u>2/3/18</u>		Event Time: <u>7a-1p</u>	
Anticipated Crowd Size : <u>90-100</u>		Type of Event: <u>Paddle the Pass</u>	
Additional Security Working Detail: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how many? _____			
Permits Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alcohol Served: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Detail Information			
Security <input checked="" type="checkbox"/>		Traffic <input type="checkbox"/>	
Escort <input type="checkbox"/>		Prisoner Transport <input type="checkbox"/>	
Last Minute <input type="checkbox"/>		Holiday <input type="checkbox"/>	
		Funeral Escort <input type="checkbox"/>	
Stand-by <input type="checkbox"/>			
Marked Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Unmarked Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Uniformed Deputy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plain Clothes Deputy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Detail Description: Marine Unit deputy will be present along the route to draw attention to the event, slow boaters down, and to keep paddlers safe. Paddlers will leave the park and head south to paddle around McCardle Island. In addition to LCSO Marine Unit detail deputy, event organizers will also have rescue boats & swimmers on a motorized boat & on canoes. All LCSO boat details have a 6 hour minimum as well as a \$20/hr boat fee for an estimated cost of \$360 which will need to be paid for prior to the event.			



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

## 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?)

None

Fee for Services:

N/A

Flammable Vegetation:

None

First Aid Equipment:

None

Fire Extinguishing:

None

Special Arrangements:

Emergency response if need from Fire Station one at 5700 Pine Island Road.

Print Name: Shawn Brant

Signature:

Title:

Deputy Chief

Date:

1/9/2018

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:

None necessary.

Medical Personnel:

None necessary.

Medical Supplies /  
Equipment:

None necessary.

Safety Requirements:

No additional precautions necessary.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes  
Date: 2017.12.18 07:38:40 -05'00'

Title: Chief

Date: 12/18/2017

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  
☒ 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:

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

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2017.12.19 12:09:14 -05'00'

Title: Senior Project Manager

Date: December 19, 2017



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  
☒ 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.

Illumination:

N/A - event is during daytime hours

Parking Areas:

Park opens at 7 am. Once the designated parking spaces are full within the park, then event parking will be established in the field. Event organizers must ensure that driveway and roads remain open and accessible for emergency vehicles and normal park traffic.

Special Arrangements:

Event organizers must work with on-sight Park Staff for the event. Event organizer must ensure that park and event area is clean and free of debris before leaving the Park.

Print Name: Alise Flanjack

Signature:

*Alise Flanjack*

Title:

Deputy Director

Date:

December 15, 2017

*Paddle the Pass  
Matlacha  
Feb 3, 2018*

Lee County Event Permit Application



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

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.

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:

December 20, 2017



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2017

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 have ADDITIONAL INSURED provisions or 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 American Specialty Insurance & Risk Services, Inc.  7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804	CONTACT NAME: PHONE (A/C, No. Ext): 260-969-5203 FAX (A/C, No): 260-969-4729 E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED American Canoe Association, Inc. (ACA); Outdoor Surety Services, LLC 503 Sophia Street, Suite 100 Fredericksburg VA 22401	NAIC # 11150

REVISION NUMBER:

## COVERAGES

CERTIFICATE NUMBER: 1001500337

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER	Y	SBCGL0458300	12/01/2017	12/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$		SBFXS0058600	12/01/2017	12/01/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
- Coverage applies to the following: SOUTH FLORIDA CANOE KAYAK CLUB, 418 SW 3RD PLACE, CAPE CORAL, FL 33991.

- The Certificate Holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form 00 SGL0029 00 Additional Insured - Designated Person or Organization Written Contract or Written Agreement, but only with respect to PADDLE AT THE PASS on February 03, 2018.

## CERTIFICATE HOLDER

Lee County Board of County Commissioners  
Attn: Mike Figueroa, Risk Manager

2115 Second Street

Fort Myers

FL 33901

## CANCELLATION

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

*Drew Smith*

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY American Specialty Insurance & Risk Services, Inc.		NAMED INSURED American Canoe Association, Inc. (ACA); Outdoor Surety Services, LLC 503 Sophia Street, Suite 100	
POLICY NUMBER SBCGL0458300		Fredericksburg, VA 22401	
CARRIER Arch Insurance Company	NAIC CODE 11150	EFFECTIVE DATE: 12/01/2017	

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001500337**

- The General Liability policy includes Form 00 SGL0100 00 Exclusion - Designated Activity, Service or Work, with the following Designated Activity, Service or Work excluded from coverage: Use of air ramps at covered event, unless approved, in advance and in writing, by American Specialty Insurance and Risk Services, Inc. on behalf of Arch Insurance Company.
- The General Liability policy includes Form 00 SGL0100 00 Exclusion - Designated Activity, Service or Work, with the following Designated Activity, Service or Work excluded from coverage: American Canoe Association sanctioned events as well as non-water activities such as approved fundraisers, banquets and meetings that have a concert component with more than 2,500 spectators anticipated or that have events with sports/sports demonstrations other than canoe/kayak.
- Named Insured (continued): American Canoe Association Divisions, Activity Councils and Committees  
ACA members during any ACA sanctioned course/workshop/event  
Paddle America Clubs including their club members, event members, coaches, event leaders and administrators arising from club sponsored and adult supervised on-water workshops, practices, training, instruction and American Canoe Association sanctioned events as well as non-water activities such as approved fundraisers, banquets and meetings.  
American Canoe Association Affiliate Clubs and Organizational Affiliates, event members, coaches, event leaders and administrators but only with respect to losses arising from sanctioned events and sanctioned workshops.  
ACA Certified Instructors, certified instructor trainers and certified instructor trainer educators arising out of their performance as instructors and trainers, but only with respect to losses arising from ACA instruction received during sanctioned courses/workshops/events.

DATE: 06/01/11



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

CR-14  
R. 04/11

05-070000000-0	12/15/2014	12/11/2019	SPECIAL ORGANIZATION
Exemption Number	Expiry Date	Exemption Date	Exemption Category

This certifies that:

SOUTH FLORIDA CANOE KAYAK CLUB INC  
415 SE 10TH TER  
CAPE CORAL FL 33914-0107

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

CR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.006, Florida Administrative Code (F.A.C.).
2. Your Consumer's Certificate of Exemption is to be used only by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.010, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3271. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6460, Tallahassee, FL 32314-6460.

INTERNAL REVENUE SERVICE  
P. O. BOX 1864  
CINCINNATI, OH 45212

DEPARTMENT OF THE TREASURY

Date: SEP 12 2014

SOUTH FLORIDA CRACK KATIE CLUB INC  
C/O CHARLINA WACE  
415 SE 15TH TERRACE  
CAPE CORAL, FL 33908-1887

Employer Identification Number:  
15-2841891  
EIN:  
1504189189001  
Contact Person:  
CHARLINA WACE  
Contact Telephone Number:  
(877) 823-1886  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
March 18, 2010  
Contribution Deductibility:  
Yes  
Admission Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2104 or 2512 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Under "4021-PC" in the search bar to view Publication 4021-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

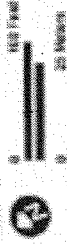
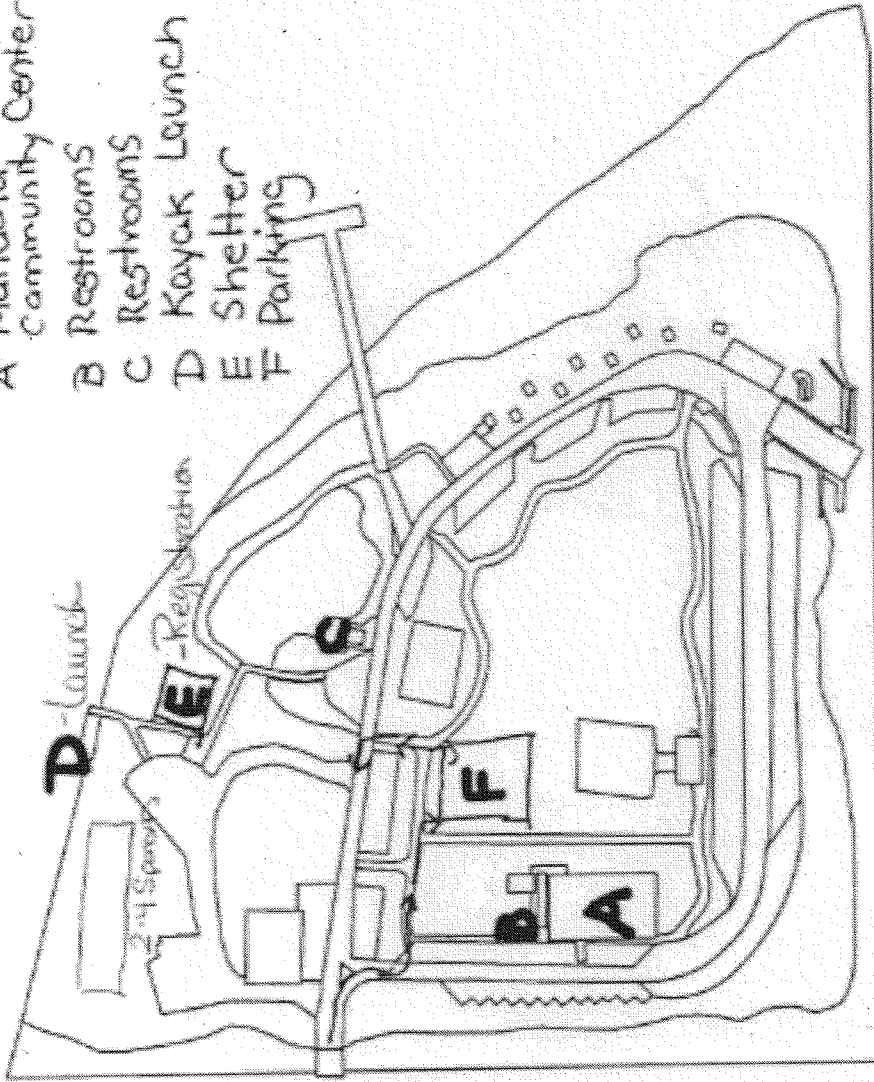
*Thomas Rippert*

Director, Exempt Organizations

Letter 947



- A Matlacha Community Center
- B Restrooms
- C Restrooms
- D Kayak Launch
- E Shelter
- F Parking



Created by: [illegible]  
 Date: 10/15/2010  
 File: [illegible]

Matlacha Park, Lee County, Florida



Lee County Parks & Recreation GIS





Invoice Number: \_\_\_\_\_

## Lee County Parks and Recreation

3410 Palm Beach Blvd.  
Fort Myers, FL 33916  
Phone: 239-333-7273

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.  
A non-refundable \$10 cancellation fee will be applied to facility rental transfers or cancellations received at least 72 hours prior to the facility rental date. Any cancellation made less than 72 hours prior to the facility rental date will not be entitled to any refund. Exceptions to this policy will be made at the discretion of the Parks and Recreation administration staff based on circumstances surrounding the cancellation.

Date issued:

Name: Melinda Mack	Type of Activity: Paddle the Pan
Address: 415 SW 3 <sup>rd</sup> Place	Organization/Team: SFCRC
City/State/Zip: Cape Coral FL 33901	Phone Number: 239-443-6527
Times	
Date: February 3, 2018	From: 9am To: 12:30pm
Date:	From: To:
Name of Facility: Melinda Community Park	Building / Field #: Kayak area and part of main field, fishing pier
Other Comments:	
Hours: 5.5	Rate: 0 Total Fee: 0

Approved by:

Title: Program Spec Sr.

Date: 10-17-17

**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 by signing and participating in Lee County Parks and Recreation programs/activities, you will be expressly assuming the risk and legal liability for working and releasing all claims for injuries, damages or loss which you or your minor child(ren) might sustain as a result of participating in any and all activities connected with and associated with Lee County Parks programs/activities (including transportation vehicles and/or equipment, when provided). I recognize and acknowledge that there may be some risk involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, for my minor child(ren) or I may sustain as a result of said participation. I further agree to release and release all claims I or my minor child(ren) may have for claims or loss of my child(ren) as a result of participating in said programs/activities against Lee County, including their respective officers, employees, and volunteers. I acknowledge and hereby release Lee County, its officers, employees, and volunteers from and against all claims for injuries, damages, or loss that my minor child(ren) or I may have or which may accrue to me or my minor child(ren) and arising out of, connected with, or in any way associated with these programs/activities.

I acknowledge and hold harmless Lee County, any of its employees and/or agents from any and all claims from any use of society 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 against Lee County or Lee County's use of society property and/or participation in county programs in the course 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 the release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s and/or participation in the program as provided above.

I have read and fully understand the above signature information, meaning of this, acceptance of the cost and/or release of all claims. By signing this form, each participant signature shall be considered for and have the same legal effect as an original form signature.

12-7-17

PARTICIPANT'S SIGNATURE

PRINT NAME OF PARTICIPANT

DATE

ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN PARKS OR FACILITIES