



# EVENT PERMIT

Ordinance 17-08



## RUN 4 YOUR LUNGS 5K RUN/WALK

**PERMIT NUMBER:** TMP2019-00270

**Date(s) of Event:** NOVEMBER 9, 2019 FROM 7:00AM UNTIL 10:00AM

**Property Owner:** LEE COUNTY

**Applicant:** VALERIE BUTRAM  
239-343-9559

**Description:** 5K RUN/WALK

**Location of event:** 7330 GLADIOLUS DR, FORT MYERS, FL 33908  
**LAKES REGIONAL PARK**

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

Will the event be held on County Owned Property ? Yes

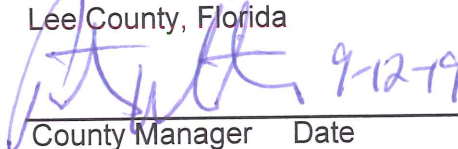
Will there be alcohol consumed or sold at the event ? No

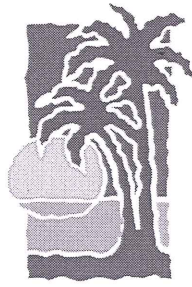
Will a bond be posted for this event ? No

**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

 9-12-19  
County Manager Date



**Lee County**  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

RUN 4 YOUR LUNGS 5K RUN/WALK TMP 2019-00270



# 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)

<b>Title of Event / Name of Production</b>	Run 4 Your Lungs 5K Run/Walk
<b>Date(s) of Event / Production:</b>	November 9, 2019
<b>Location(s) of Event:</b>	Lakes Regional Park, 7330 Gladiolus Drive, Fort Myers, 33908
<b>Name of Applicant:</b>	Lee Memorial Health System
<b>Applicant Address:</b>	8931 Colonial Center Drive, Suite #200, Fort Myers, Florida, 33905
<b>Applicant Phone Number:</b>	239.343.9559
<b>Contact Person:</b> (If different from applicant)	Valerie Butram
<b>Contact Phone Number:</b> (If different from applicant)	
<b>Email Address:</b>	valerie.butram@leehealth.org
<b>Estimated Attendance:</b>	150
<b>Event Description:</b> Include each activity, when activities take place, etc.	5K Run/Walk
<b>Hours of Operation:</b>	7-10 am
<b>STRAP # of Parcel:</b>	<del>A-1 &amp; D-1</del> 26-45-24-00-00008.0000
<b>Owner of Premises*:</b>	Lee County Parks

\*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? 33908

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: ACORD Commercial Lines, USI Insurance Services LLC

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

Surety Company Bonding this Event (Name and Address): Please see the Certificate of Insurance

<p>Will Vehicles be Used as Part of This Event?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, automobile coverage must be included on the certificate of insurance.</p>	<p>Will Food be Available at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, products liability coverage must be included on the certificate of insurance.</p>	<p>Will Alcoholic Beverages be served/consumed at this Event?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, liquor liability coverage must be included on the certificate of insurance.</p>
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Name & Address of Organization Providing Food: First Watch

Type of Food being Served: Fruit, Bagels, Coffee

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Lee Memorial Health System

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

Name of Charity: 4 Words Foundation Inc.

Address of Charity: 3600 Denia Ct., Cape Coral, Florida, 33909

Phone Number: 239.887.9264

Non-profit certificate/registration number: 46-3261304

(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





## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

<input type="checkbox"/> TV Movie or Special	<input type="checkbox"/> TV Series / Pilot	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Still Photos
<input type="checkbox"/> Public Service Announcement	<input type="checkbox"/> Industrial / Documentary	<input type="checkbox"/> Other: N/A	

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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> No

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

N/A

Special Parking Requirements:

N/A

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

N/A

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		



## **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.

Valerie Butram  
Signature of Applicant

Valerie Butram RCC Oncology Ed

\_\_\_\_\_  
Print Name of Applicant and Title

7.22.19

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
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.

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

Race must remain within the confines of the park.

Print Name: Captain J. Loethen

Signature:

Title:

Special Events, Permits and Details

Date:



## 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:

NA

Flammable Vegetation:

NA

First Aid Equipment:

CALL 911 IF NEEDED

Fire Extinguishing:

NA

Special Arrangements:

NA

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley  
Date: 2019.09.06 13:50:36 -04'00'

Title: Division Chief - Fire & Life Safety

Date: 09/06/2019

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: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins  
DN: cn=Douglas B. Higgins, o=Lee County, Department of Public Safety,  
ou=Division of EMS, email=dhiggins@leegov.com, c=US  
Date: 2019.08.23 16:07:15 -0400

Title: Division Chief

Date: 08-23-2019



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

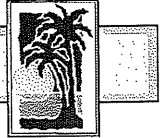
Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2019.07.25 13:25:29 -04'00'

Title: Senior Project Manager

Date: July 25, 2019

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:

Event organizer must provide own lighting if needed to safely run the event.

Parking Areas:

Park Gates Open at 7:00 am and close at Dusk  
Parking is limited to the designated parking areas inside Lakes Park. Parking is first come, first serve. All vehicles are required to display their event parking pass, display their paid parking receipt or have a Regional Parking sticker.

Special Arrangements:

Event organizer is responsible for set up and break down of race route/event signs, drink stations and first stations. All trash and event trash and debris must be cleaned up prior to leaving the park.  
No painting or permanent markings allowed on the roads or pathways (chalk is acceptable). Removable directional signs (IE: survey flags, real estate signs and cones) are permitted.  
Race course and pathways must be cleaned up by Dusk.  
Event banners may be hung at your Shelters.  
No motorized carts or vehicles are permitted on the pathways.  
Park Gates Open at 7:00 am and Close at Dusk

Print Name: Alise Flanjack

Signature: Alise Flanjack

Digitally signed by Alise Flanjack  
Date: 2019.05.07 13:01:44 -04'00'

Title: Deputy Director

Date: 8/10/19

Run 4 your lungs  
Lakes Park  
Nov. 9, 2019

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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☐ 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 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:

July 25, 2019



# CERTIFICATE OF LIABILITY INSURANCE

LEEHEA

DATE (MM/DD/YYYY)  
6/21/2019

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 Commercial Lines - (813) 639-3000 USI Insurance Services LLC 2502 N. Rocky Point Drive, Suite 400 Tampa, FL 33607	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 813-639-3000 E-MAIL ADDRESS: clw.certrequest@usi.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Allied World Surplus Lines Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 24319
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**COVERAGES**

CERTIFICATE NUMBER: 14330251

REVISION NUMBER: See below

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 INSD	SUBR 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 <input checked="" type="checkbox"/> SIR \$500,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		0311-2665	04/01/2019	04/01/2020	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pol Agg \$ 10,000,000
	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) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER 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)

Re: Run 4 Your Lungs 5K Run/Walk  
Date: 11/09/2019

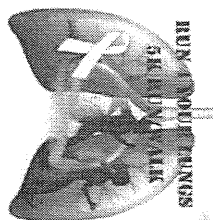
Lee County Board of County Commissioners are named as a additional insured as it relates to the General Liability insurance.

**CERTIFICATE HOLDER****CANCELLATION**

Lee County Risk Management PO Box 398 Fort Myers, FL 33902 OK 07/25/2019 <i>Mark F...</i>	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 <i>B. M. Canale</i>
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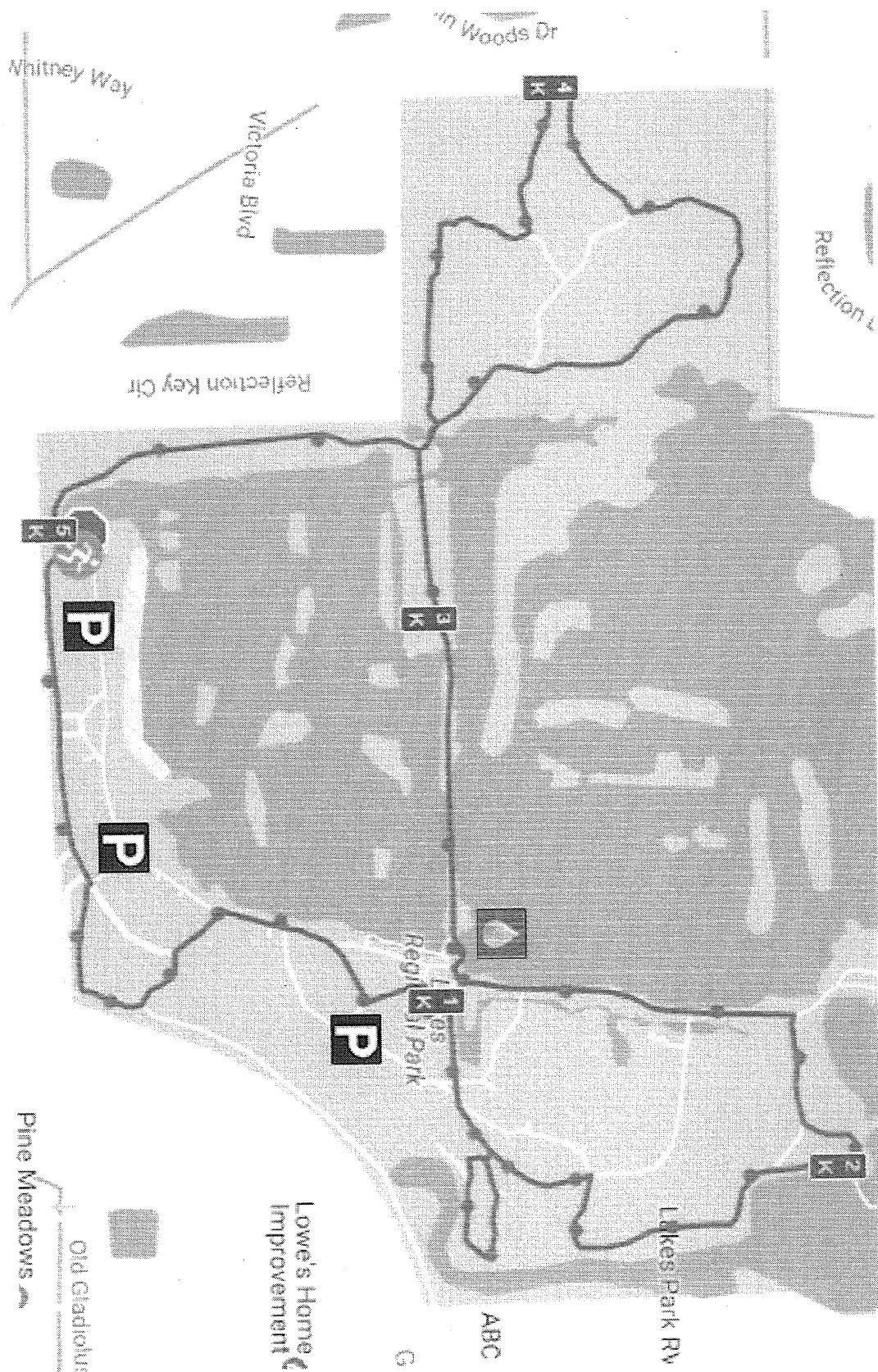




# RUN 4 YOUR LUNGS 5K RUN/WALK

## COURSE MAP

NOVEMBER 9, 2019





# CERTIFICATE OF LIABILITY INSURANCE

LEEHEA

DATE (MM/DD/YYYY)

6/21/2019

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COVERAGES CERTIFICATE NUMBER: 14330251 REVISION NUMBER: See below

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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER 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)

Re: Run 4 Your Lungs 5K Run/Walk  
Date: 11/09/2019

Lee County Board of County Commissioners are named as a additional insured as it relates to the General Liability insurance.

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Risk Management 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 
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FIRST-5

OP ID: JH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/22/2019

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 Pendery Ins & Risk Mgmt Group 155 N Fort Thomas Ave Fort Thomas, KY 41075	859-441-4100	CONTACT NAME: Judy Heilman	
		PHONE (A/C, No, Ext): 859-441-4100	FAX (A/C, No): 859-441-1243
		E-MAIL ADDRESS: jheilman@penderyins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Cincinnati Insurance Companies	10677
INSURED First Watch Restaurants, Inc. Good Egg Restaurants, LLC E&I Restaurant Group, LLC Attn: Julie Carosella 8027 Cooper Creek Blvd #103 University Park, FL 34201		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY			CPP1082936	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ excl
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						
	OTHER:						
A	AUTOMOBILE LIABILITY			CPA1082936	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CPP1082936	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 10,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

## CERTIFICATE HOLDER

BLANK01

This certificate is issued for information purposes only. please contact our office to be listed as certificate holder

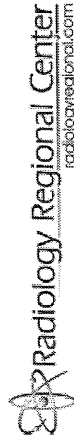
## CANCELLATION

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

*Judith M. Heilman*

**Presented through a partnership  
between the following:**



**21<sup>ST</sup> CENTURY C.A.R.E.**  
A Foundation for Cancer Assistance, Research & Education  
Fighting cancer together with 21<sup>st</sup> Century Oncology, one patient at a time.

*A Words Foundation, Inc.*



Supporting Cancer Awareness Together

## 2019 Lung Cancer Statistics

### DID YOU KNOW?

One in 16 people in the US  
will be diagnosed with Lung  
Cancer in their lifetime.

More than 228,000 people  
in the US will be diagnosed  
with Lung Cancer in 2019.

A new Lung Cancer diagnosis  
is made every 2.3 minutes.



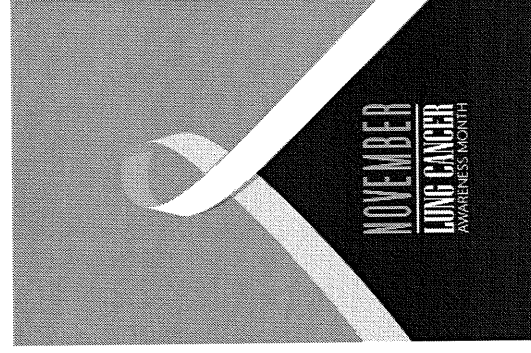
## 1st Annual

**Run 4 Your Lungs  
5K Run/Walk**

**November 9, 2019  
7 am—10 am**

**Lakes Regional Park  
7330 Gladiolus Drive  
Fort Myers, FL 33908**

**Benefitting uninsured and  
under-insured patients referred  
through the Lung Cancer  
Screening Program**





## PROCEEDS

Proceeds from this event will go to the 4 Words Foundation to benefit uninsured and under-insured individuals referred into the Regional Cancer Center Lung Cancer Screening Program. Low Dose CT will be completed at either Radiology Regional Center or Florida Radiology Consultants

## FUNDRAISING

Fundraising is encouraged! Start a team, register as an individual, or donate to an individual/team at:

[www.4wordsfoundation.org](http://www.4wordsfoundation.org)

## OTHER INFORMATION

Please be respectful of patrons, wildlife and properties within Lakes Park.

Hot/humid conditions may exist; please drink plenty of fluids before, during, and after the run/walk.

## T-SHIRTS

The first 100 registered to the "LIVE" event will receive event t-shirts

## 5K Run/Walk Information

### Location

Lakes Park is located 7330 Gladiolus Dr., Fort Myers, FL 33908. Parking is available onsite day of race.

### Event Schedule

7:00 am Registration Opens  
8:00 am 5K Run Begins  
8:10 am 5K Walkers Begins  
Refreshments, awards and chance drawing to follow.

### Entry Fee

Early registration via mail postmarked by September 30, 2019 and online through October 8, 2019.

Adult	\$25.00
Youth (17 & under)	\$15.00
Children under 5	no fee

Registration Oct. 9, 2019 thru Nov. 9, 2019:

Adult	\$30.00
Youth (17 & under)	\$20.00
Children under 5	no fee

Entry fees are non-refundable, non-transferrable and are not tax deductible.

### Awards

Awards are provided to the top male and female 5K Timed Run finisher overall, and in each category below:

Overall:	Male and Female
Masters:	40 and above
Grandmasters:	50 and above
Senior Grandmasters:	60 and above

The first 3 male and female finishers in both the 5K timed run in each of the age categories below will receive a medal:

9 and under	10-14	15-19	20-24	25-29
30-34	35-39	40-44	45-49	50-54
55-59	60-64	65-69	70-74	75 and older

For more information:

[www.4wordsfoundation.org](http://www.4wordsfoundation.org) or (239) 887-9264

## **Registration Form Run 4 Your Lungs 5K Run/ Walk**

Please complete and mail with check made payable to

4 Words Foundation Inc.  
3600 Denia Ct.  
Cape Coral, FL 33909

or provide credit card information below  
or register on-line at [www.4wordsfoundation.org](http://www.4wordsfoundation.org)

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Date of birth: \_\_\_\_\_

☐ Male ☐ Female ☐ Cancer survivor  
☐ 5K Runner ☐ Walker

T-shirt size adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

T-shirt size youth: ☐ L ☐ XL

Payment method: ☐ Check enclosed ☐ Credit card

Credit card number: \_\_\_\_\_

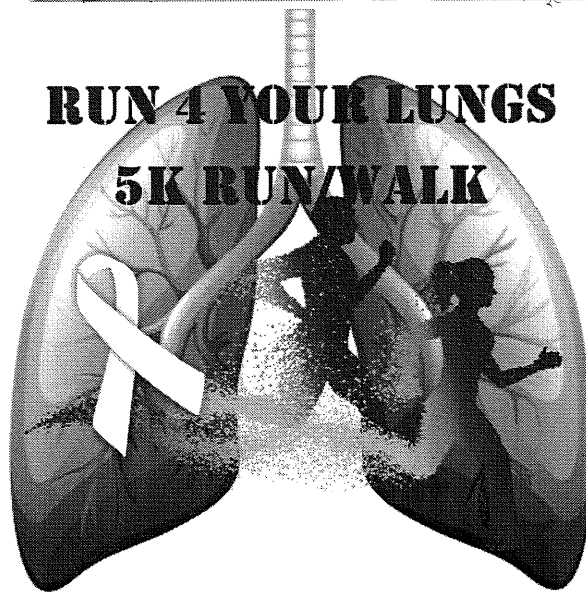
Exp. date: \_\_\_\_\_ Security Code: \_\_\_\_\_

## **WAIVED & RELEASE: MUST BE READ AND SIGNED WITH ENTRY**

I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including extreme cold or heat, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release Lee County FL, Lakes Regional Park, Regional Cancer Center, Lee Health, Radiology Regional Center, Florida Radiology Consultants, 21st Century CARE, 4 Words Foundation, Inc. and any and all persons, sponsors and entities, their representatives and successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver I grant permission for all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

Signature (Parent or Legal Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

# RUN 4 YOUR LUNGS 5K RUN/WALK



**21<sup>ST</sup> CENTURY C.A.R.E.**  
A Foundation for Cancer Assistance, Research & Education  
Fighting cancer together with 21st Century Oncology, one patient at a time.

For more information or to register visit:

<https://www.4wordsfoundation.org>

## When

Saturday, November 9, 2019

7:00 am—10:00 am

Registration begins 7:00 am

Run begins 8:15 am

Walkers 8:20 am

## Where

Lakes Regional Park

## Entry Fee

\$25 per adult

\$15 per child under 18

Children under 5 free

*First 100 registered receive event t-shirt*

Proceeds from this event will go to 4 Words Foundation to benefit uninsured and under-insured individuals referred into the Regional Cancer Center Lung Cancer Screening Program. Low Dose CT will be completed at either Radiology Regional Center or Florida Radiology Consultants.

*4 Words Foundation, Inc.*



Supporting Cancer Awareness Together

***Thank you to our Sponsors***

