



### SPECIAL EVENT PERMIT

2017-09

All fees have been paid in full as required by this permit. This special event permit shall expire and be null and void at the conclusion of the event, if any conditions herein are breached, or if the permit is transferred to any other person, corporation, organization, or entity.

### EVENT INFORMATION

Event Name: **16 Crossing Trail Run**

Event Date(s): **10 June 2017**

Applicant: Richard Varela

Event Type: Race

Phone: (435)563-0048

Promoting Entity: Smithfield City Recreation

Email: rvarela@smithfieldrecreation.com

Sponsoring Entity: Smithfield City Recreation

15 MAY 2017

Approved by: Director of Development Services

Date

### CONDITIONS OF APPROVAL

1. All participants and volunteers shall comply with County Ordinance §8.40 governing special events.
2. As necessary, event organizers, staff, participants, and spectators must allow access for emergency vehicles in the case of a wildland fire.

### AGREEMENT OF ACCEPTANCE

As the applicant for the special event described above, I hereby agree to comply with all Federal, State, and County laws, ordinances, and regulations before, during and after the event. I further agree to indemnify and save harmless Cache County, its officers, agents, and employees from and against any and all claims resulting from the use of the premises by the Applicant, the Applicant's invitees, licensees, agents and employees. I agree to permit law enforcement personnel the free and unrestricted access to and upon the premises at all times during the event for all lawful and proper purposes not inconsistent with the intent of the permit.

I understand and agree that this permit may be revoked upon breach of any of the conditions herein or at the discretion of the authorized officer. I understand that this permit is not transferable and agree not to transfer my permit to any person, corporation, organization or other entity.

In Accordance with Title 8 Section 8.40 of the Cache County Ordinance, I hereby submit and certify that the above information provided is accurate and complete to the best of my knowledge.

5/16/17

Accepted by: Applicant

Date



# Cache County

1857

## DEVELOPMENT SERVICES DEPARTMENT

BUILDING | COUNTYWIDE PLANNING | ENGINEERING | GIS | PLANNING & ZONING

### APPLICATION: SPECIAL EVENT PERMIT

Date Received:	By:	Receipt #:	Check #:	Amount:
4/21/17	L JONES	10043	74789	\$50.00

### EVENT INFORMATION

Event: 16 Crossings Trail Run Type: Trail Run

Dates with starting/ending times: June 10<sup>th</sup> 6:30 am - approx. 11 am

### AGENT/CONTACT INFORMATION

Agent/Contact: Richard Varela Email: rvarela@smithfieldrecreation.com

Phone: 435-563-0048 Mailing Address: 315 E. 600 S. Smithfield UT 84335

Name of Promoting Entity: Smithfield City Recreation

### ACKNOWLEDGMENT

In accordance with Title 8 Section 8.40 of the Cache County Ordinance, I hereby submit and certify that the information contained in this application is accurate and complete to the best of my knowledge.

  
Applicant

4-7-17  
Date

**Application Deadline:** Completed application forms must be submitted to the Cache County Development Services Office forty-five (45) calendar days before an event is scheduled to take place. This allows sufficient time for evaluation of the application. Late applications shall be denied unless the applicant demonstrates that compliance with the 45 day deadline was impractical or impossible due to the nature of the event. A special event permit application may be approved and a permit issued to the applicant by the Director upon approval by all the agencies specified in Section 8.40.40.

**Authority:** Cache County has no authority to approve permits for events other than in the unincorporated area of Cache County. Permits issued by Cache County apply only to the unincorporated area of the county, and if an event crosses into a municipality within Cache County or across the county line, applicants should determine if a permit is necessary in the other jurisdiction.

**Right to Deny:** Cache County reserves the right to deny permit applications for proposed special events which may pose, or have posed a significant danger or threat to the public health, welfare or safety, or which may result in unreasonable inconvenience or cost to the public. In the event the application is denied, the applicant may appeal to the Cache County Executive.



## APPLICATION CHECKLIST

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*A complete application must include the following unless specified otherwise:*

- 1)  Completed application form and application fee (\$50 – no refunds) submitted 45 days prior to event. Additional fees for services provided by the Sheriff's Office, emergency services, or others may apply.
- 2)  Proposed location, including a plat or map of the proposed area to be used, including any barricade, street route plans or perimeter/security fencing.
- 3)  Total number of participants: Estimate must include event staff, participants, and spectators.
- 4)  Public health plans, including plans for culinary water supplies, solid waste collections and disposal, and waste water (toilet facilities).
- 5)  Proof of insurance in conformance with the County Ordinance 8.40.050(F) minimums: \$1,000,000 each occurrence, \$2,000,000 general aggregate, and \$100,000 property damage.
- 6)  Fire prevention and emergency medical services plans.
- 7)  Security plans and/or law enforcement response.
- 8)  Admission fee, donation, or other consideration to be charged or requested.
- 9)  Plans for parking
- 10)  *If* the event will be held on private property, a current taxation certification for that property.
- 11)  Further information may be required by staff, other departments and agencies, and/or the Board/Committee/Council that reviews the application based on the proposed event.

## PROJECT REVIEW PROCESS

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- The applicant is encouraged to meet with staff prior to the deadline date to discuss the project and ensure that the information submitted is sufficient to provide a complete review of the project.
  - After the application is accepted, information packets are sent to various departments, agencies, and affected municipalities that provide comments and/or approval for the proposed event to the Director of Development Services.
  - In some instances a pre-event meeting may be held with planning staff and representatives from the departments and agencies that provide comments on the project review. Any issues present on a project will be discussed with the appropriate department or agency.
  - A draft permit is made available to the reviewing agencies, affected municipalities, staff, and the applicant.
  - Following agency/department review and approval, and correction of any outstanding concerns/issues, the permit can be issued.
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## 16 Crossings Trail Run Permit Application

1) Payment to be mailed.

2) The race will begin at Mack Park and head up Birch Creek Canyon. Participants will stay on the main roads and double track trail. The route is an out and back with the participants returning on the same route they came up on. (See attachment)

3) We will have approx. 100 participants, 8-10 staff and volunteers, and possibly 10-15 spectators with a maximum of 150 people. Spectators will be at Mack Park.

### 4) Health Plan-

Any food/snacks on the route will be pre-made/pre-packaged. We will have personnel with food handlers permits and one person who is serve safe certified overseeing the food to ensure health standards are kept.

### Water-

There will be three aid stations with culinary water in a cooler for participants. We will have culinary water and restroom facilities at Mack Park for all participants, spectators, staff, and volunteers.

### Waste-

We will have trash bags at each aid station and our staff will clean up the route on their way back down the canyon. All trash/waste will be packed out and disposed of at the rec center.

*All restroom facilities will be located at Mack Park. We won't have any porta potties on the route,*

5) (Please see attachment)

(6) (7)

**Access for emergency vehicles:** Ambulances may access the trail from Smithfield Canyon Road and Birch Canyon Road; helicopters may access the trail at the Birch Canyon trailhead (Approximately mile 3.2). We have the key to open the third gate to allow emergency vehicles onto the trail if necessary.

**Number and location of first aid stations:** There will be three first aid stations throughout the race; one at the start/finish line, one at the Birch Canyon trailhead (approximately mile 3.2), and one at the turnaround (approximately mile 5.8, just before with wilderness boundary).

**Medical staffing:** Members of the Smithfield Recreation Center are First Aid certified –

List of emergency phone numbers and local hospitals/clinics:

Emergency: 911

Smithfield Police Department: 435-563-8501

Logan Regional Hospital: 435-716-1000

North Cache Valley Clinic: 435-563-4900

Cache Valley Hospital: 435-713-9700

The Smithfield Fire/EMT and Police Departments have been notified of the event and will have a unit nearby in case of emergency.

We will have 3-4 volunteers on mountain bikes with radios riding the trail to assist participants and notify us and emergency personal in case of injury or emergency.

**(8)** Race entry is \$25-10K and \$40- 11.5 mile route. Fees are per participant.

**(9) Parking-** Participant, spectators, staff, and volunteers will park at Mack Park where the start and finish line is. There are approx. 65 parking stalls at Mack Park with spots available on the street if needed. The amount of spots is more than enough as the vast majority of participants will carpool.

## 16 Crossings Trail Run Medical Plan

**Access for emergency vehicles:** Ambulances may access the trail from Smithfield Canyon Road and Birch Canyon Road; helicopters may access the trail at the Birch Canyon trailhead (Approximately mile 3.2).

**Number and location of first aid stations:** There will be three first aid stations throughout the race; one at the start/finish line, one at the Birch Canyon trailhead (approximately mile 3.2), and one at the turnaround (approximately mile 5.8, just before with wilderness boundary).

**Names and qualification of any medical staffing:** Members of the Smithfield Recreation Center are First Aid certified –

Cole Godfrey: 435-757-8050

Richard Varela: 801-833-2004

Tyson Mortensen: 385-248-7121

Chelsey Taylor: 801-833-4268

Rachel Nettles: 435-757-1782

Nolan Wilcock: 775-443-5969

List of emergency phone numbers and local hospitals/clinics:

Emergency: 911

Smithfield Police Department: 435-563-8501

Logan Regional Hospital: 435-716-1000

North Cache Valley Clinic: 435-563-4900

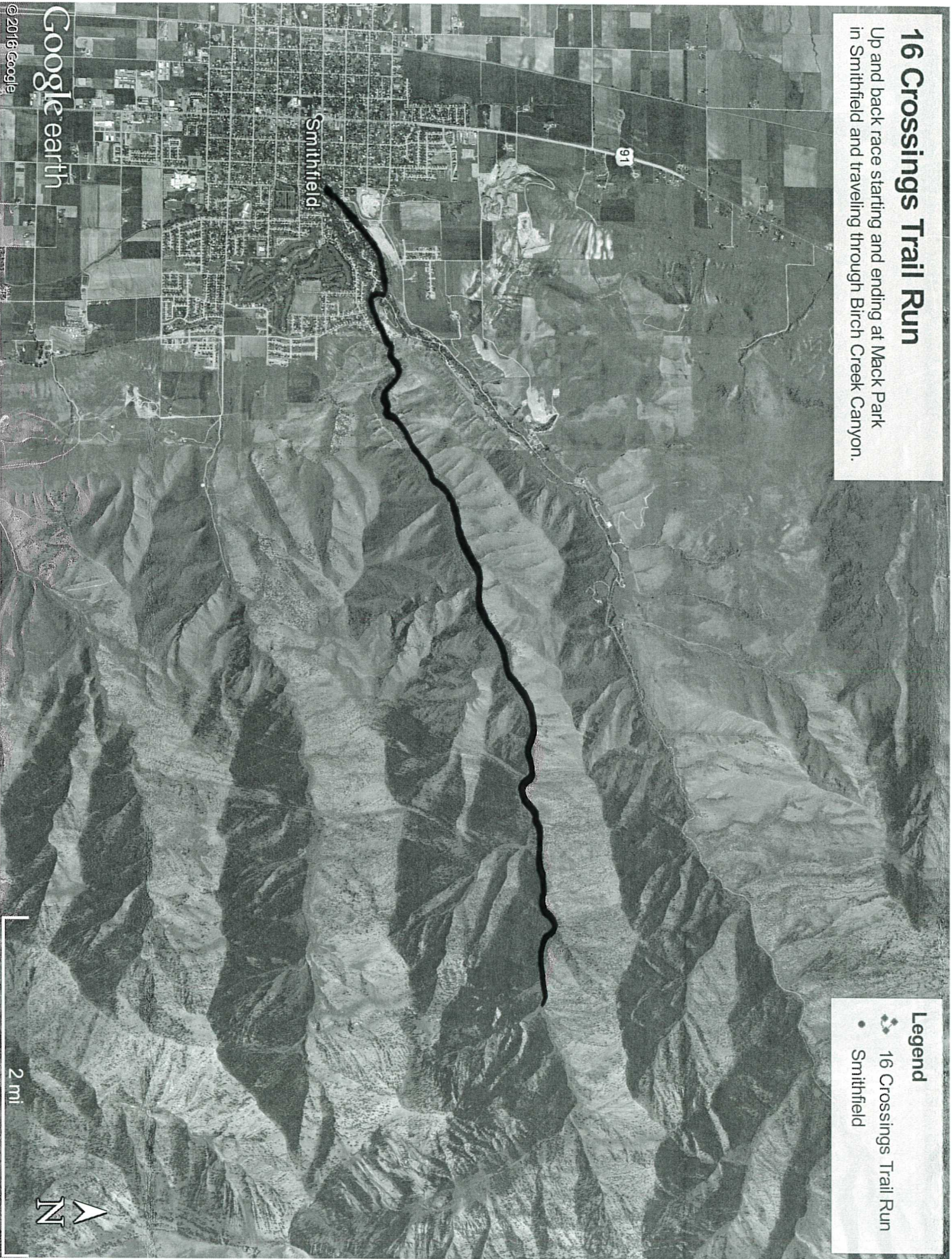
Cache Valley Hospital: 435-713-9700

The Smithfield Fire and Police Departments have been notified of the event and will have a unit nearby in case of emergency.



# 16 Crossings Trail Run

Up and back race starting and ending at Mack Park in Smithfield and traveling through Birch Creek Canyon.



- Legend**
-  16 Crossings Trail Run
  -  Smithfield



2 mi

Google earth

©2016 Google





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/20/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Utah Local Governments Trust 55 South Highway 89 North Salt Lake, UT 84054	<b>CONTACT NAME:</b> Adam Reynolds <b>PHONE (A/C, No, Ext):</b> 800-748-4400 <b>E-MAIL ADDRESS:</b> adam@utahtrust.gov	<b>FAX (A/C, No):</b> 801-936-0300	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Smithfield City 96 S. Main St. Smithfield, UT 84335	<b>INSURER A :</b> Utah Local Governments Trust		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: AI\_13750\_2017\_02

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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	13750-GL2016	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

Confirmation of General Liability and Property Coverage for Smithfield City.

Cache County is additional insured as their interests may appear.


**CERTIFICATE HOLDER****CANCELLATION**

Cache County 179 N Main Street Logan, UT 84321	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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**ADDITIONAL INSURED ENDORSEMENT**

Named Insured Smithfield City	Endorsement Number AI_13750_2017_02
Policy Number 13750-GL2016	Endorsement Effective 04/20/17
Countersigned by  (Authorized Representative)	

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This Endorsement modifies insurance provided under the following:**

**COMPREHENSIVE GENERAL LIABILITY**

Person or Organization (Additional Insured):

Cache County

A. With respect to Comprehensive General Liability only, the “Persons or Entities Insured” is amended to include the person or organization shown above as an Additional Insured with whom you (the Named Insured) has agreed in a written contract or written agreement that such person or organization be added as an Additional Insured to your policy. The coverage provided by this Endorsement extends only to tort liability assumed by the Additional Insured based upon the alleged actionable conduct of the Named Insured resulting in Bodily Injury, Personal Injury or Property Damage. Tort liability means liability that would be imposed by law in the absence of any contract or agreement. The status of a person’s or organization’s status as an Additional Insured under this Endorsement ends when this policy terminates, or when the contract or agreement between the Named Insured and the Additional Insured terminates, whichever occurs first.

B. The contract or agreement referred to in Paragraph A. above must be:

1. In effect at the inception of the Policy Period or become effective during the Policy Period; and
2. Executed prior to the Bodily Injury, Personal Injury or Property Damage covered under this Endorsement.

C. The coverage provided by this Endorsement to the Additional Insured does NOT apply to any Bodily Injury, Personal Injury or Property Damage arising out of the alleged actionable conduct of the Additional Insured.

D. The coverage provided by this Endorsement to the Additional Insured shall be limited to the lesser of the coverage provided under the Comprehensive General Liability coverage and the coverage required under the written contract or written agreement between the Named Insured and the Additional Insured.

E. The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions and limitations applicable to the Named Insured. The failure of the Named Insured to adhere to any such provisions will defeat coverage under the policy for the Additional Insured.

F. The coverage provided by this Endorsement to the Additional Insured shall not be deemed a waiver of any statutory immunity, protection or limitation of liability, and the Trust does not waive its right to deny coverage by reasons of the same. The coverage provided by this Endorsement to the Additional Insured shall not exceed the coverage available to the Named Insured, nor shall it exceed any statutory immunity, protection or limitation of liability enjoyed by the Named Insured.

All other terms, conditions, limitations and exclusions apply and remain unchanged.