

Application for Racing Event Permit



City of Smyrna
2800 King Street
Smyrna GA 30080
770-434-6600

Please print legibly or type.

____ April 4, 2018 _____
Date of Application

I. Permit Applicant Information

Applicant's Full Name ____ Barbara Allen _____
Address ____ 2620 Atlanta Rd SE, Smyrna GA 30080 _____
Phone # ____ 404-791-6935 _____ FAX # _____
Email ____ ballen@smyrnapsf.org _____

*** Application must include a copy of the applicant's state issued photo ID.**

II. Event Organizer Information.

Organization/Group Name ____ Smyrna Public Safety Foundation / Smyrna Optimist Club
Name of Event ____ Smyrna 5K _____
Address ____ 2620 Atlanta Rd SE, Smyrna GA 30080 _____
Phone # ____ 404-791-6935 _____ FAX# _____
Email ____ ballen@smyrnapsf.org _____

III. Event Coordinator/Director.

Please provide the complete information and contact info for the professional race coordinator. Include a 24-hr contact number where they can be reached regarding the event.

Name: Gary Jenkins
Phone Number: 404-313-7710
Email Address: gary@georgiarunner.com

***Application must include a copy of the coordinator’s state issued photo ID.**

IV. Purpose.

Please describe the reason for your application and the event:
 Smyrna 5k proceeds benefit Smyrna Public Safety Foundation and Smyrna Optimist Club, and the community initiatives funded by each.

V. Event Details.

Date of Activity (mm/dd/yy) 09 / 03 / 2018
Starting Time 0700 Finishing Time 0900
Number of participants 250 Number of Vehicles (if any) 0

VI. Event Route.

Racing Events must select a pre-approved route as designated by the Police Department.

5K: Route # 3 10K Route #

Attach a copy of the proposed route and indicate on the map any planned assembly locations.

Identify specific assembly locations and describe any planned activities or intended uses for those locations: Assembly in front of Smyrna City Hall. Race start and finish in same location.

VII. Applicant Certification

1. Event organizer must include an executed copy of the release and indemnity form signed by a representative authorized to sign such a document.

2. Applicant agrees to secure an approved Emergency Medical Services plan from the Emergency Medical Services Director of the Smyrna Fire Department and submit the approved plan to the Office of the Assistant City Administrator no later than 30 days prior to event.

3. Applicant agrees to secure Comprehensive Liability Insurance up to \$500,000 per the terms of Chapter 11 of the City Code and to provide documentation to the Assistant City Administrator no later than 30 days prior to the event. Please refer to the Insurance Guidelines for clarification.

4. Applicant confirms that all information that has been provided is accurate to the best of their knowledge and no misrepresentations have been made. False or inaccurate information may result in the denial or revocation of the event permit.

Proof of all required items need to be attached to the application.

Permit will receive initial approval for the date and time of the event and final approval will only be received after all documents (proof of insurance, approved EMS plan) have been provided to the City of Smyrna at least 30 days prior to event.

I also understand that the permit fees, and fees due the officers are to be paid before the start of the event.

Applicant Signature Barbara Allen Date 4-4-18

(Police Department Use Only)

Approve  Deny _____ Modification _____

Police Department Comments _____

See Attachments _____

PERMIT

VIII. The application for Racing Event Permit as outlined in the application section is hereby granted for the stated purpose at the listed location and date.

C. Scott

Assistant City Administrator

4-9-18

Date

Denied for the following reasons:

Assistant City Administrator

Date

Notice to permit holder: This permit, any limitations, attachments, or instructions must be kept with the person in charge and on the premises where the event is to be held.

The mere filing of the permit application does not mean that the date requested is secured. It is strongly recommended that any event should not be published or advertised until the final approval is received.

City of Smyrna
2800 King Street (City Hall)
Smyrna GA 30080

City Hall Reception 770-434-6600	Police Department 770-319-2534	Fire Department 770-434-6667
Community Relations 678-631-5401	Parks and Recreation Department 770-431-2842	EMS Director (Fire) 678-631-5461



Created June 2017

Smyrna 5k Race Schedule
Monday, September 3, 2018

Course Set-up

5:30 am – 6:30 am

Volunteer Check-in

6:30 am - 7:30 am

Race Day Registration

6:30 am - 8:00 am

Packet Pick-up

6:30 am - 8:00 am

Finish Line

8:00 am - 9:30 am

Refreshments at Finish Line

8:00 am - 10:00 am

Pick up cones on course

9:00 am – 9:30 am

Break down finish line

10:30 am – 11:00 am

Smyrna 5k Route #3

Distance: 3.1082 miles

- **START**- Village Green Cir
- Right on Atlanta Rd
- Turn around Rondak Cir.
- **END**- Village Green Cir/Atlanta Rd



USA



Georgia

GOVERNOR *Nathan Deal*

DRIVER'S LICENSE



112447

DL NO: 002578111
CLASS C

DOB 11/24/1947
EXP 11/24/2017

GARY CLIFTON
JENKINS

9325 MARTINS LAKE DR
ROSWELL, GA 30076-2865
FULTON

Restrictions A End NONE
Iss 11/21/2012

Sex M Eyes HAZ
Hgt 5'-06" Wgt 175 lb

DD 144426527830049012 Veteran

COMMISSIONER *Rick Lindsey*



Gary Clifton Jenkins



**SMYRNA PUBLIC SAFETY
FOUNDATION, INC.**
P O BOX 2216
SMYRNA, GA 30081

2310
64-1972/611

Pay to the Order of City of Smyrna Date 4-2-18

Ten Hundred Fifty Dollars \$ 250.00



SMYRNA, GEORGIA

For Rec. App Permit

⑆061119723⑆ 01 27274⑆ 2310

[Signature]

MP

Smyrna Public Safety Foundation

Barb Allen
Executive Director
2620 Atlanta Road SE
Smyrna GA 30080
(404) 791-6935
ballen@smyrnapsf.org
www.smyrnapsf.org



**CITY OF SMYRNA
RELEASE AND INDEMNITY AGREEMENT**

In consideration of participation in said special event the undersigned organization/business/group/individual hereby agrees and warrants that they shall release, defend, indemnify and save harmless the City of Smyrna, its officers, directors, employees and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from the special event or related activities, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Smyrna.

Without limiting the generality of the foregoing, the undersigned organization/business/group/individual agrees that they shall reimburse the City of Smyrna for legal fees and other costs incurred in the City of Smyrna's defense of such claims of litigation. The City of Smyrna shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

The undersigned organization/business/group/individual acknowledges that the agreement hereby releases and discharges the City of Smyrna, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the said special event. I do hereby covenant with the City of Smyrna that I, my heirs, executors, assigns and transferees will never at any future time sue the City of Smyrna for or on account of any claim for damages arising out of my participation in the said special event whether such claims arise by negligence of the City of Smyrna, its employees or agents, or by the negligence of any other participant.

It is further agreed and understood that said participation in the special event is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Smyrna, its officers and members.

This is the 5 day of April, 2018.

NAME OF ORGANIZATION/BUSINESS/GROUP/INDIVIDUAL:

Smyrna Public Safety Foundation

INDIVIDUAL RESPONSIBILITY

Barbara Allen
(Signature)