

EVENT NAME HART PARK CYCLOCROSS PERMIT # _____
 EVENT DATE(S) 1-4-09 SET-UP DATE(S) (\$25/DAY) _____



ROAD/TRACK/CYCLOCROSS COMPETITIVE EVENT PERMIT APPLICATION
 (REV. 2008)

1 Olympic Plaza Colorado Springs, CO 80909-5775 * ph: 719/866-4581 * f: 719/866-4628 * www.usacycling.org
 For competitive events only. Applications must be submitted no later than six weeks in advance of the event date to USA Cycling.

ROAD/TRACK/CYCLOCROSS EVENT TYPES

NRC UCI

STATE Criterium Road Race Track Race Series Race Collegiate LAJORS

LOCAL Cyclocross Time Trial Stage Race Amateur Only Open (Pro-Am) Other

EVENT INFORMATION PLEASE PRINT

EVENT LOCATION (city, state) BKSF.D. CA.

SPONSORING USA CYCLING MEMBER CLUB(S) [UP TO 5 CLUBS] KERN WHEELMEN

PROMOTER SAM AMES

PRIMARY CONTACT SAM AMES TELEPHONE (1661-330-3630

ADDRESS P.O. Box 9662 FAX ()

CITY BKSF.D. STATE CA. ZIP 93389

EVENT WEBSITE KERNWHEELMEN.ORG E-MAIL SAM@THANACKIONSPO.RTS.COM

Feel free to check your information on the USA Cycling website at www.usacycling.org.

PERMIT FEE WORKSHEET For all Road/Track/Cyclocross Competitive permitted events. Cancellation of event will result in a \$50 fee.

Event Category	Highest Payout for Any One Category	Permit Fee for All Events Per Day
A	\$10,000+	7% of total prize list
B	\$5,000 - \$9,999	7% of total prize list
C	\$2,000 - \$4,999	7% of total prize list
D	\$500 - \$1,999	\$50 per day
E	\$0 - \$499	\$25 per day

RACE SERIES PERMIT

A race series is a sequence of race meets of the same kind conducted on a regular basis at the same location, time and day of the week (state championship series are NOT eligible). A prize list of less than \$499 per day may be offered. Fee: 1-3 days = \$15.00, 4-30 days = \$50. All State Championships are at least a category D event. All riders must be licensed and sign waivers. Promoters pay \$2.00 (per rider per day) for insurance coverage.

PERMIT FEE FORMULA

PERMIT FEE TOTAL

For Categories A, B and C: Total prize list \$ _____ x 7% = \$ _____ = Permit Fee

For Category D: Number of Days 1 x \$50 = \$ 50 = Permit Fee

For Category E: Number of Days _____ x \$25 = \$ _____ = Permit Fee

Permit Fee = _____

Late filing fee = (within 6 weeks of event) + \$50

Rush filing fee = (within 2 weeks of event) + \$100

TOTAL PERMIT FEE DUE: 100



I understand that if I would like to insure my non-owned/hired automobiles and/or motorcycles with USA Cycling, I must complete and submit the non-owned/hired automobile and/or motorcycle insurance application with accurate payment. I also understand that if I do NOT complete and submit on time the non-owned/hired automobile and/or motorcycle insurance application, any automobiles and/or motorcycles at my event will not be covered by USA Cycling insurance.

INSURANCE SURCHARGE is \$2.00 per rider per day and must be submitted in full with post event report.
All riders must be licensed and sign waivers.

Due to insurance and reporting obligations, your Post Event Report and subsequent paperwork must arrive at USA Cycling within 21 days of your event. Event reporting and paperwork must be sent in after each race in a series of races. Additional service fees will apply to all late filings: \$50 if within 22-40 days of event, \$100 if within 31-60 days of event. After 60 days you may face future permit cancellations/suspensions. Please avoid this and remit all fees on time.

Form of payment: Check Money Order VISA MasterCard

Credit Card #: _____ Expiration Date: _____ Signature: _____
 Cardholder Name: _____ Cardholder Address: _____

The undersigned, as agent of the sponsoring clubs and promoter (collectively, "Organizers"), having read the information in the accompanying permit packet, agree to the same, and agree to abide by and enforce the rules, regulations and decisions of USA Cycling, Inc. (USAC) and its agents, officials and member associations. The Organizers agree to defend, to hold harmless and to indemnify USAC and its agents, officials and member associations against any and all costs, claim, legal fees and liabilities which are connected with or arise directly or indirectly out of the preparation for or conduct of the above event(s); to cooperate with USAC and its agents in the event of any personal injury or other claims and/or other legal action(s) arising out of the above event(s) and to make available to USAC, upon request, all records of the event(s) including, but not limited to, participant entry forms and waivers. The Organizers agree to maintain copies of the event waivers for a minimum of 10 years and acknowledge this is a condition of the Organizers' insurance coverage. It is understood and agreed that USAC makes no warranties, expressed or implied, to the Organizers, to entrants, competitors, or spectators, or to any other person. USAC and its member associations are not promoting organizations. Organizers understand any permit issued by USAC is not assignable to another event. USAC will have access to all data should Organizers' event use online registration. By signing this form, Organizers agree that Organizers are responsible for all insurance surcharges and race fees due to USAC. This permit does not create a principal-agent relationship between the parties thereto.

Organizers Signature _____ Date 1-4-08
 Regional Coordinator/Local Association _____ Date _____
 USAC Authorized Signature _____ Date _____



**REQUEST FOR CERTIFICATE OF INSURANCE
AND ADDITIONAL INSURED**
◆◆ FOR ALL USAC PERMITTED EVENTS ◆◆

Applications must be submitted with permit unless information is not yet available.
Application must be received **prior to event** or it will not be processed.

Mail to: ◆ USA Cycling ◆ 1 Olympic Plaza, Colorado Springs, CO 80909-5775 ◆ Ph: 719/866-4581
◆ Fax: 719/866-4628 ◆ Email: membership@usacycling.org

Event Permit # _____

Name of Club/Organizer: KERN WHEELMEN **Club/Organizer #:** 10700
Phone Number: 661-330-3630-SAM **Fax:** —
Event Name: HART PARK CYCLOCROSS **Event Date:** 1-4-09
Event Location: BKSPD. CA. **E-mail:** _____

List all parties who are requiring that they be named as additional insured for this event. **THIS IS NOT VALID WITHOUT A RELATIONSHIP INDICATED.** Examples of relationship categories include landowner, permit holder (governmental bodies which have issued permits), sponsor, municipality, etc. **The first five additional insured parties are FREE.** You may request as many more additional insured parties as necessary **for an additional administrative fee of \$5 each** (please attach additional copies of this page as needed). **PLEASE PRINT.**

- 1) **Name** KERN COUNTY PARKS & REC. DEPT. **Phone** 661-868-7000
Address 1110 BOLOBY STATE AVE. **Relationship** LAND OWNER
City BKSPD. **State** CA. **Zip** 93301
- 2) **Name** _____ **Phone** _____
Address _____ **Relationship** _____
City _____ **State** _____ **Zip** _____
- 3) **Name** _____ **Phone** _____
Address _____ **Relationship** _____
City _____ **State** _____ **Zip** _____
- 4) **Name** _____ **Phone** _____
Address _____ **Relationship** _____
City _____ **State** _____ **Zip** _____
- 5) **Name** _____ **Phone** _____
Address _____ **Relationship** _____
City _____ **State** _____ **Zip** _____

Have you entered into any agreement, contract, or permit in conjunction with this event that contains assumption of liability, indemnification, or hold harmless language? YES NO
If yes, please forward a copy of the document with this Request for Certificate of Insurance and Additional Insured.

Parks and Recreation Department
1110 Golden State Avenue
Bakersfield, CA 93301
(661) 868-7000

Sam
833-8845



#175
K. PARKS
868-7016
ET. Boardman
JOHN 878-3179
FIDORISAN
HART
PARK

APPLICATION FOR USE OF COUNTY FACILITIES

APPLICATION FEE \$25.00

PLEASE PRINT OR TYPE

1. APPLICANT _____ DATE 12-1-08

KERN WREGLBY BICYCLE CLUB
Name of Organization/Company/Individual

PO BOX 9662 BKSF. 93389
Mailing Address City ZIP

SAM AMES 661-330-3630
Name of Person Authorized to Sign Agreement Phone 8 a.m. - 5 p.m. After 5 p.m.

2. Type of Organization: _____ Tax I.D. # 91-1838377

3. Facility to be Used Nonprofit Commercial/Individual
HART PARK

Name of Park - Park Area - Building - Lake - Ballfield

4. Title of Event: BICYCLE RACE Is this a Fund-raising event? (No)
Set-up Date(s) 1-3-09 Event Date(s) 1-4-09 Take-Down Date(s) 1-4-09

5. Hours of Use: 6 am/pm to 4 am/pm

6. Describe event and type of activities (i.e. music, booths, carnival rides, games, dance)
OFFROAD BICYCLE RACE, MUSIC -

7. Is electric service in the park required (i.e. ballfield lights, electrical outlets)? NO
Yes/No

8. Will sound amplification equipment be used? X. If yes, and the sound will carry over 100 feet, a Sound Amplification Permit will be required. No amplified sound will be allowed without a permit.
(OVER)

9. Items to be Sold:

- Food Soft Drinks Alcoholic Beverages Misc. Merchandise
- Other (Please List Items) _____
- Admission Fee

10. Commercial General Liability Insurance is required for all events. The County must be named as additional insured in the following manner: **County of Kern, Its Officers, Employees, Agents, Boards and Commissions are named as additional insured.** If alcoholic beverages will be sold or consumed, liquor liability insurance must be added to the Certificate of Insurance. **In addition to the certificate of insurance, an additional insured endorsement page must be included with the above listed additional insured wording.**

NOTE: If event includes any type of carnival activity, a separate Certificate of Insurance must be submitted for this activity.

11. Expected Attendance: 100-200

12. Will other organizations/individuals use facility? NO
Yes/No

13. A security deposit is due in advance (amount of deposit will depend on type of activity).

14. During event, will anyone be staying overnight in park?(Yes/No) NO (i.e. vendors, participants, carnival employees). If yes, only self-contained vehicles will be allowed. There will be a fee charged for any overnight camping. Number of overnight vehicles must be reported to our office.

RULES AND REGULATIONS

1. All required paperwork must be completed. Failure to complete paperwork will result in cancellation of event.
2. Events must be self-supporting. Applicant is responsible for utility costs, restroom supplies, trash removal, providing portable chemical toilets, clean-up of facility and all damages to facility.
3. Applicant is responsible for obtaining all required permits (i.e. ABC permit, dance permit, required permits from the Health Department).
4. Fees are due in advance.
5. This application, its requirements and rules for use of park facilities are part of the License and Concession Agreement.
6. Misrepresentation of any facts related to this application could result in additional charges being assessed and/or facility use privileges being suspended.
7. Applicant will be responsible for contacting Parks Department personnel to arrange a pre-event meeting. The contact person and phone number will be provided to Applicant when License and Concession Agreements are mailed for signature.

Security enhanced document. See back for details.

KERN WHEELMEN BICYCLE CLUB
P.O. BOX 9662
BAKERSFIELD, CA 93389-9662

2671

PAY TO THE ORDER OF USA Cycling

DATE 4 december 2008

16-86/1220
415

One hundred and no/100

\$ 100.00

Bank of America

Bakersfield Main
1440 Truxtun Ave
Bakersfield CA
661.653.5380

DOLLARS

Security features are included on this document.

FOR

Scott Amico
main classen

⑈002671⑈ ⑆122000661⑆ 04150⑈31526⑈

MP

GUARDIAN OF SAFETY
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