

#389



CITY OF SALEM

In City Council, July 15, 2021

Ordered: That the attached Road Race application from B&S Fitness and use of City Streets on Sept. 19, 2021 be referred to the Committee on Public Health, Safety and Environment co-posted with the Comm. of the Whole

In City Council July 15, 2021
Adopted

ATTEST:

ILENE SIMONS
CITY CLERK

#389



CITY OF SALEM, MASSACHUSETTS
PARK, RECREATION & COMMUNITY SERVICE
401 Bridge Street, Salem MA 01970
Tel. (978) 744-0180/(978) 744-0924
pobrien@salem.com

Kimberley Driscoll
MAYOR

Trish O'Brien
Suprintendent

Road Bike/Race/Walk/Parade Application

(wicked 13.1 Race)

9/19

PLEASE SUBMIT PAYMENT OF \$200 WITH THIS PERMIT APPLICATION TO THE CITY OF SALEM
PARK, RECREATION AND COMMUNITY SERVICES DEPARTMENT NO LATER THAN 45 DAYS
PRIOR TO THE EVENT.
Registered Non-Profit Fee \$150
ANY FOR PROFIT EVENTS WILL REQUIRE AN ADDITIONAL 5% FROM THE
REGISTRATION FEES POST EVENT.

We, the undersigned, respectfully apply for permission to host a road race/walk in the City of Salem as follows:

Applicant's Name: Ashley Steeves

Organization Name: BTS Fitness Programs / BTS Event Management

Name of Race/Walk/Parade: Wicked Half Marathon / 10miler / 20miler

Contact #: 978 594 7050 E-Mail Address: events@btsfitness.com

Address: 10 Hemenway Rd.

City/State/Zip: Salem MA 01970

Organization Tax Status (please include Tax ID Number): NA

What Charities Will This Race/Walk Be Benefiting?
MRB, Salem Childrens' Charity, Salem High Cross Country

Approximately How Much of the Race/Walk/Parade Proceeds Will Be Donated to Each Charity(s)
Minimum of \$2000.00

Day of Race/Walk Contact Information:

Name: Ashley Steeves Contact #: 978 594 7050

Date of Event: 9/19/21 Estimated Number of Participants: 600-800

Time of Event: 7AM Estimated Finish Time of Event: 12PM

Start Location: Salem Willows Field Finish Location: Salem Willows Soccer Field

Distance of Event: 13.1, 10, 20

Has This Event Been Held Before? Yes No

All Races/Walks/Parades Are Required to Recycle and Remove Trash.

Please Explain Your Plan (Will You Bring to North Shore Recycled Fiber on 53 Jefferson Ave. Open M-F; Bring to Your Home Curbside. or Other?) If You Have Questions about Recycling, Please Contact Julie Rose for More Information 978-619-5679

BTS will remove all trash + recycling

Onsite EMT/Ambulance Service (Required): AS initial

Please Attach a Map of Route With the Following Items:

1. Race/Walk Course - attached.
2. Direction of Runners Through the Race/Walk course
3. Starting and Finishing Points
4. Meeting Points For Racers Before and After the Race/Walk
5. Last year's race financials

Certificate of Insurance Attached? Yes ___ No

A certificate of insurance for general liability naming the City of Salem as primary additional insured for amount not less than \$1,000,000 combined single limit for injury or death or property damages (including loss of use) in any one occurrence, and \$1,000,000 general aggregate coverage. (The City of Salem reserves the right to increase coverage minimum if event presents extraordinary risk).

RELEASE & INDEMNITY AGREEMENT APPLICANT'S SIGNATURE The undersigned Sponsor, by signature below, shall defend, indemnify, and hold the City of Salem, its officers, agents and employees, harmless against all liability, loss, or expenses, including attorney's fees, and against all claims, actions or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission of an act sustained in any way in connections with the performance of this event or by conditions created thereby, or based upon violation of any statute, ordinance or regulation. This contractual indemnity provision does not abrogate common law or statutory liability and indemnification to the City of Salem, but is in addition to such common law or statutory provisions.

Ashley Steeves
Applicant's signature

Date: 5/17/21

Ashley Steeves
Name of applicant

A copy of this permit will be sent to the applicant upon approval. Please call Park, Recreation & Community Services if you have any questions. 978-744-0924

CITY USE ONLY

Payment Received: _____ Date Permit Issued: _____ Date Permit Mailed to Applicant: _____

Approved By: _____

Director (Or Designee) of Salem Park, Recreation & Community Services

Salem Police Department

Effective date of form: 2/8/12

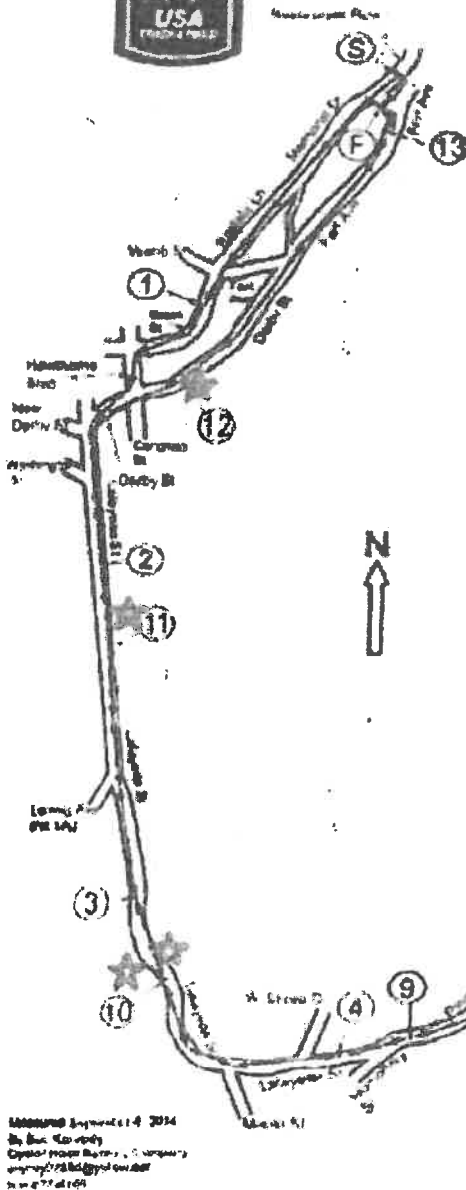
Revised date of form: 1/1/18



Wicked Half Marathon Salem, Massachusetts

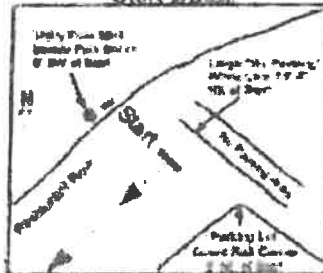


USATF Certification #MA14033JK
Effective 9/11/2014 - 12/31/2024
Drop 0 m/Km, Separation 0.55%

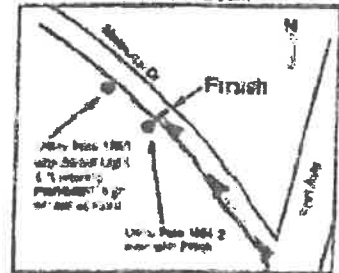


- Start, Finish and all race markers marked with White Paint & P.K. Mark.
- Mile 0: State House Pole
- Mile 1: On SE side of Reservoir Row 4' SW of corner of parking lot garage that connects across street, 4' NE of 10' 1845 beside park bench on opposite side, & 19' 8" SW of large "No Parking" white sign on park road
- Mile 2: On NW side of Essex St 20' 4" NE of Yellow Fire Hydrant on same side, in front of 32 Essex St, & opposite intersection with Carlton St.
- Mile 3: On E side of Lafayette 19' S of Yellow Fire Hydrant on same side & opposite intersection with Carlton St.
- Mile 4: On W side of Lafayette St 33' 5" S of UP 4043 with flashing yellow warning light on same side.
- Mile 5: On N side of Lafayette Rd 27' 4" W of State Drain that is in driveway for 27 Lafayette, & 30' W of Laurel St
- Mile 6: On NE side of Ocean Ave 91' 7" SE of UP 9 018, 971 & 1/2 at junction of Gillen Heights Rd on same side.
- Mile 7: On SE side of Ocean Ave 26' SW of UP 9 23 V7 at top of curve on same side.
- Mile 8: On SE side of Harbor Ave at UP 1-29, 29 V7 & opposite east edge of Hundley Ln
- Mile 9: On S side of Essex Ave 162' W of 4th Double Street Light on same side.
- Mile 10: On N side of Plimout St 43' 3" W of Yellow Fire Hydrant on same side, & S of 290 Prospect St on opposite side.
- Mile 11: On SW side of Lafayette St 13' 10" SE of Stone Drain on SW end of Bridge.
- Mile 12: On E side of Lafayette St with "West 110" sign on same side & on S side of 225 Lafayette St.
- Mile 13: On N side of Derby St 9' 3" E of Birch Crosswalk to Derby Wheel and in front of US Custom House at 17th Derby.
- Mile 14: On NW side of Post Ave 55' 6" SW of UP 1761 on same side and opposite intersection of Post Ave and Winter Island Rd
- Finish: On SW side of Memorial Tower with 10' 1864 2, & 10' SE of UP 1845 with Street Light and "Entering Prohibited" sign both on same side.

Start Detail



Finish Detail



Note: Map not drawn to scale.
Many streets and cross streets not on map

Copyright



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/17/21

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. # 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
CURTIS J. VERNON INSURANCE AGENCY
PO BOX 266
BOUNTIFUL, UT 84010

CONTACT NAME:
PHONE (801) 292-5529 FAX (801) 677-0077
ADDRESS:

INSURER(S) AFFORDING COVERAGE
INSURER A: **UNDERWRITERS AT LLOYD'S, LONDON** NAICS 32727
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED **B&S FITNESS PROGRAMS LLC**
45 CONGRESS STREET, DOCK 19-20
SALEM, MA 01970

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.

LTR	TYPE OF INSURANCE	PROD. PERIOD	USER	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION		Y	MSJ0427789128	02/01/21	02/01/22	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PROFESSIONAL LIABILITY \$ 3,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PHYSICAL AND/OR SEXUAL ABUSE LIABILITY			MSJ0427789128	02/01/21	02/01/22	OCCURENCE: \$100,000 AGGREGATE: \$300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SPECIAL EVENT CERTIFICATE

Event: Black Cat & Wicked Half Marathon

Date: 9/19/2021

Certificate holder is named as additional insured.

CERTIFICATE HOLDER

City of Salem
93 Washington Street
Salem MA 01970

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED BY ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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