

Kristopher Cummings
1200 30th Street West
Billings, MT 59102
406-655-3124
cummingsk@billings.k12.mt.us

City of Billings
Engineering Division
Attn: Susan Wellbrook
2224 Montana Ave.
Billings, MT 59101

To Whom It May Concern:

On behalf of the Central Heights Elementary PTA I am requesting a Right-Of-Way Special Activity Permit for a *Community Fun Run*, in and around Central Heights Elementary, located at 120 Lexington Drive, Billings, Montana. The race will be held on Saturday May 22nd 2010 and will assemble at 8:30 am, commence at 9:00 am and disband at 10:30 am. Road guard attendants will be stationed at 22 different street intersections along the race route (see attached map). The road guards will stop traffic in order to allow runners to pass safely through the intersections, traffic will be able to safely pass through the intersections in between groups of runners. We will have a certified Flagger in charge of our road guard volunteers. All road guard attendants will be relieved at 10:30 am Saturday, May 22nd 2010. The roads will not be blocked during the race. The attached brochure and map detail exact locations of road attendants, race route, and an event description. Thank you for your consideration.

Sincerely,



Kristopher Cummings

Attached: Right-Of-Way Special Activity Permit Checklist, Map with detailed Road Guards, Event Brochure, Completed Right-Of-Way Special Activity Permit application, and certificate of insurance form.

on the way



City of Billings
RIGHT-OF-WAY ACTIVITY
PERMIT

Please check the type of activity you are applying for:

Parade Run/Walk/Procession Street/Alley Closure Block Party

Submit this application with attachments to either the: Public Works office, 2224 Montana Ave., Billings, MT 59101 or Downtown Billings office, 2815 2nd Ave North, Billings, MT 59101. Application packet should be turned in at least 60 days prior to the date of the proposed event for approval.

PERSON MAKING APPLICATION Kris Cummings

ORGANIZATION MAKING APPLICATION Central Heights PTA

PHONE 406-281-6111

ADDRESS 120 Lexington Dr. Billings, MT 59102

EMAIL ADDRESS cummingsk@billings.k12.mt.us

APPROXIMATE TIME EVENT WILL:

Assemble 8:30am Start 9:00am Disband 10:30am

DATE OF EVENT 5/22/2010

PURPOSE/DESCRIPTION OF EVENT: (Description and detail of the event.)

Community Fun Run to promote health & fitness.

EVENT ROUTE DESIRED (IF APPLICABLE): (Please attach map.)

Attached

BLOCK PARTY STREET LOCATION (IF APPLICABLE):

NA

CLEAN UP IMPLEMENTATION: (Company contracted or services you will provide)

Central Heights PTA Volunteer

CERTIFICATION OF INSURANCE WHICH MUST SHOW: (1) The limits of liability coverage for the period of this agreement as a minimum of \$750,000 per claim/ \$1.5 million per occurrence general liability, and (2) the City of Billings named on the Certificate of Insurance as the additional insured. (Refer to the sample insurance copy. Please note a certificate of insurance *is not required* for Block Parties)

NOTICE: ANY MARKINGS (NO PAINT ALLOWED) TO BE PLACED ON PUBLIC RIGHT-OF-WAY MUST BE APPROVED BY THE CITY TRAFFIC/ENGINEERING DEPARTMENT PRIOR TO PLACEMENT, BE ENVIRONMENTALLY SAFE, AND NOT CONFLICT WITH EXISTING MARKINGS.

FOR DOWNTOWN EVENTS: YOU OR THE ORGANIZATION YOU REPRESENT MUST "ASSIGN" THE FIRST TWO BLOCKS OF THE DOWNTOWN EVENT ROUTE FOR NO PARKING TWO HOURS PRIOR TO YOUR EVENT USING THE ROUTE SIGNS PROVIDED BY THE CITY. IT IS YOUR RESPONSIBILITY TO PROVIDE THE APPROPRIATE BARRICADES FOR THE STREET CLOSURE.

IF USING THE ESTABLISHED EVENT ROUTE, THE CITY WILL PROVIDE TWO POLICE OFFICERS WITH VEHICLES TO START THE EVENT, AND A STREET SWEEPER, IF NECESSARY, TO FOLLOW THE EVENT.

COORDINATOR OF EVENTS AT WHICH ALCOHOL WILL BE CONSUMED IN PUBLIC RIGHT-OF-WAY ARE REQUIRED TO OBTAIN AN OPEN-CONTAINER PERMIT FROM THE POLICE DEPARTMENT

UPON SIGNING OF THIS APPLICATION, THE APPLICANT AGREES NOT TO VIOLATE ANY STATE OR CITY CODES IN THE PRESENTATION OF THE REQUESTED SPECIAL ACTIVITY.

In consideration for permission to conduct its activity as requested, applicant agrees to indemnify, defend and hold harmless the City of Billings, its officers, agents, employees and volunteers from damage to property and for injury to or death of any person and from all liability claims, actions or judgments which may arise from the activity.

Applicants also agree to obtain valid "save or hold harmless agreements" from all participants in its activity, protecting the City of Billings from all losses arising out of its activity, including damages of any kind or nature.

APPLICANT SIGNATURE  DATE 4/13/2010

APPLICATION APPROVED _____ DATE _____

APPLICATION DENIED _____ DATE _____

ADDITIONAL RESTRICTIONS OR SPECIAL CONDITIONS: YES [] NO []
(IF YES, ATTACH COPY)

FOR CITY USE ONLY

FEE: _____

APPLICANT NOTIFIED BY: _____

DATE: _____

- | |
|-------------------------------|
| COPIES TO: |
| CITY ADMINISTRATOR |
| DEPUTY CITY ADMINISTRATOR |
| POLICE CHIEF |
| FIRE CHIEF |
| FIRE MARSHALL |
| MET TRANSIT MANAGER |
| STREET/TRAFFIC SUPERINTENDANT |
| TRAFFIC ENGINEER |
| FRPL DIRECTOR |
| PARKING SUPERVISOR |
| CITY ATTORNEY |

Runners just do it - they run for the finish line even if someone else has reached it first.

~Unknown

It's hard to beat a person who never gives up.

~Babe Ruth

Run when you can, walk if you have to, crawl if you must; just never give up.
~Dean Karnazes



All abilities welcome!!

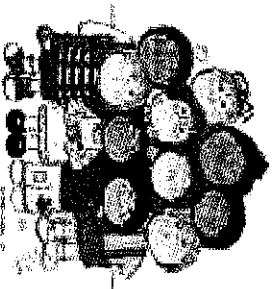
The Central Heights PTA and Central Heights Elementary are committed to promoting healthy schools and healthy communities.

Please join us on Saturday, May 22nd 2010 for a fun and healthy community event!

Central Heights PTA

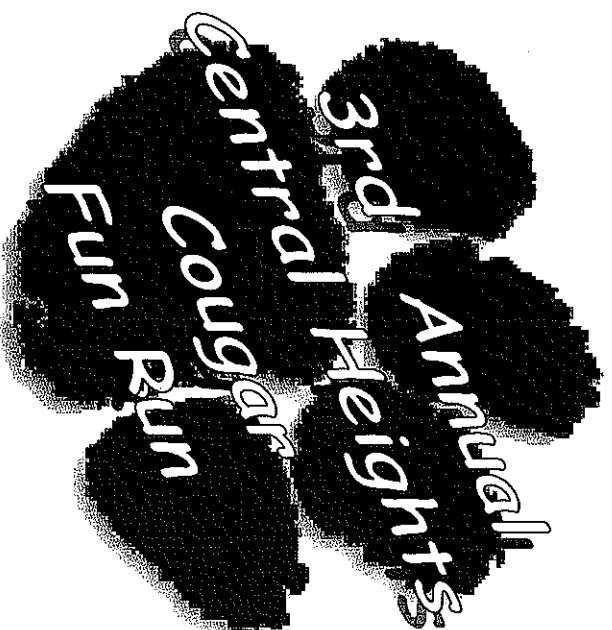
Mission Statement:

Every child. One voice.



Proceeds will benefit Central Heights Elementary's academic needs.

If you are interested in becoming a sponsor please contact Kris Cummings cummingsk@billings.k12.mt.us



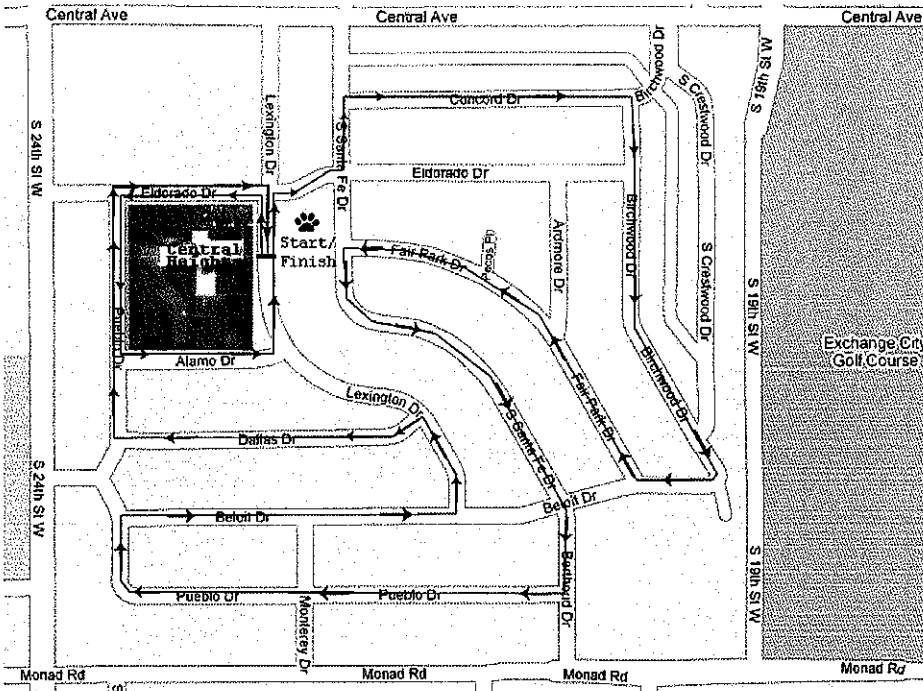
Saturday
May 22nd 2010

5k,
Kid's Mile,
& Cub Dash

Racing for a healthier community!

MAP

Register by May 15th to
Guarantee a T-Shirt!



Start:
 North on Lexington Dr.
 Left (West) on Eldorado Dr.
 Left (South) on Pueblo Dr.
 Left (East) on Alamo Dr.
 Left (North) on Lexington Dr.
 Right (East) on Eldorado Dr.
 Left (North) on S. Santa Fe Dr.
 Right (East) on Concord Dr.
 Right (South) on Birchwood Dr.
 Right (West) on Beloit Dr.
 Right (Northwest) Fair Park Dr.
 Left (Southeast) S. Santa Fe Dr.
 Straight (South) Berthoud Dr.
 Right (West) Pueblo Dr.
 Right (North) Pueblo Dr.
 Right (East) Beloit Dr.
 Left (Northwest) Lexington Dr.
 Left (West) Dallas Dr.
 Right (North) Pueblo Dr.
 Right (East) Eldorado Dr.
 Right (South) Lexington Dr.
Finish

3rd Annual Central Heights

Cougar 5k Fun Run, Cougar Mile and Cub Dash!

Open to all ages and abilities. Come join us for a great event that will benefit both the school and community!

Location

Start and finish at Central Heights Elementary
 Main Entrance (East side of building)
 120 Lexington Drive

Race Times

Registration starts at 8:00 am
 5k starts at 9:00 am
 Cougar Mile starts after the 5k Finish
 Cub Dash immediately following the 1 mile

Course

The course is asphalt and flat.
 Water and split times will be at miles 1 and 2 of the 5k race.
 Beverages and fruit will be available at the finish line!

Awards

Medals will be given to all finishers in the Cougar Mile and the Cub Dash.
 The top finishers in each age division in the 5k, as well as the top male and female 5k Jog Strollers will be given an award. Awards will not be mailed.

**Every Participant
 Receives a T-Shirt!**

Entries

\$15 per person 5K
 \$10 (12 and under) 5K
 \$7 per person Cougar Mile
 \$5 per person Cub Dash

?Questions?

Cherie Straus 861-2738
 kris.cummings.cummingsk@billings.k12.mt.us

Race Packet and T-Shirt Pick-up

Participants may pick up their race packets from 9:00 am—5:00 pm on Friday, May 22nd at Central Heights Elementary or 8:00 am-8:45 am on the day of the race Saturday, May 22nd
 Day of the event registration will be available however a T-Shirt will not be guaranteed.

More Information on the Web:

www.billings.k12.mt.us/centralheights/cenths/goodstuff/funrun.html

Name: _____ Distance: **5k** (Circle one) Entry Fee

Sex: Male Female **5k Jog Stroller** (child must be in stroller) \$15 per person 5K

Date of Birth: ____/____/____ 12 and under 13-14 15-19 20-29 30-39 40-49 \$10 (12 and under) 5K

50-59 60-69 65-69 70 and over \$7 per person Cougar Mile

1 mile (12 yrs and under) \$5 per person Cub Dash

Cub Dash 50 yards (9 and under)

Shirt Size: Adult S M L XL 2XL

Child S M L XL

**Every Participant
 Receives a T-Shirt!**

Register by May 15th to
 Guarantee a T-Shirt!

Please make checks payable to:

Central Heights PTA
 Mail to:
Central Heights PTA Fun Run
 120 Lexington Drive
 Billings, MT 59102

In consideration for my right to participate in this road race, I waive and release any and all rights and claims for damages that I may have against the Central Heights PTA, School District #2, the city of Billings and all race officials.

Signature (Parent if under 18) _____ Date _____

Client#: 200

CITYOFBI

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/14/10


PRODUCER Holness LaBar Insurance A Member of Payne Financial Group P.O. Box 30638 Billings, MT 59107-0638	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED City Of Billings %Human Resources Dept P.O. Box 1178 Billings, MT 59104	INSURER A: Penn-American Insurance Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:250 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG	PAC6784202	04/01/10	04/01/11	EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Per occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$2,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Holder is listed as Additional Insured on policy for Fun Run, May 22, 2010 from 9am to 11am to be held on Billings City Streets.

CERTIFICATE HOLDER Central Heights PTA 5135 Granite Ridge Circle Billings, MT 59106	CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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