

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: The CrossFit Games

Event Organizer/Sponsor: CrossFit

Is Organizer/Sponsor a 501(c)3 non-profit agency? Yes No

MANDATORY: State Sales Tax Exemption Number: _____

ES#: 32-0116674

OPTIONAL: Federal Tax Exempt Number: _____

Address: 3218 Lakeside Drive

City/State/Zip: Prescott, AZ 86301

Primary Contact: Timothy Chan

Work Phone: 619-944-3302

Email: tim.chan@crossfitgames.com

Phone During Event: 619-944-3302

Website: http://games.crossfit.com

FAX: _____

Secondary Contact: Danny Rodgers

Work Phone: 763-443-9057

Email: danny@crossfitgames.com

Phone During Event: 763-443-9057

Annual Event? Yes No

Charitable Event? Yes No

If Yes, Name of charity to receive donations: CrossFit does support charities through their foundation.

Estimated Attendance: 1,000

(CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): Yes No

Hours: 9am to 3pm

EVENT CATEGORY

- Run/Walk Music/Concert Festival Rally Parking (i.e., bagging meters)
 Other: _____

LOCATION REQUESTED

- Capitol Square (note specific blocks below) State St. Mall/800 State Street
 30 on the Square (aka top of 100 block of State Street) Other (specific blocks/streets requested below)

Street Names and Block Numbers: Olin-Turville Court from E. Lakeside to the barriers

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 8/3/2017 - 8/6/2017

Event Start and End Times: 9am - 3pm T/Fr 9-12pm Sa/Su

Rain Date (if any): n/a

Set-Up Start Time: 12am

Take-Down Start Time and End Times: 3pm/1pm

TAKE-DOWN TIME: START TO STREETS REOPENED

Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? Yes No

If class B license is denied, will the event(s) occur? Yes No

OC By initialing, I/we waive the 21-day decision requirement.

APPLICATION SIGNATURE

BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR" LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

Applicant Signature Timothy Chan

Date 6/13/17

STREET EVENT SCHEDULE

- The schedule begins when event setup starts, including setup on sidewalks, terraces or parking, and ends when the street is re-opened for normal use.
- The schedule should encompass all activities planned for the event, such as:
 - » Vending: food, beverages and/or merchandise
 - » Music/Performances
 - » Displays, Exhibits, Demonstrations
 - » A moving event such as a rally, parade, etc.

Provide Detailed Event Schedule:

8/3/17 Competition from 9am – 2pm, Olin Park Boat Ramp closed from 12am- 2pm, Road Closed 9am – 2pm

8/4/17 Competition from 9am – 2pm, Olin Park Boat Ramp closed from 12am – 2pm, Road Closed from 9am – 2pm

8/5/17 Competition from 9am-12pm, Olin Park Boat Ramp closed from 12am-12pm, Road Closed from 9am-12pm

8/6/17 Competition from 9am – 12pm, Olin Park Boat Ramp closed from 12am-12pm, Road Closed from 9am-12pm

E-Lakeside-St

Green Area= Event Perimeter

Road Closure

Lakeshore Ct

Blue= Restrooms/Tras

1 Office Trailer/Audio

1 Box truck

Olin-Turyville Ct

John Nolen Dr

Boat Ramps will open each day after competit

Road Closure bogle



EMERGENCY ACTION PLAN (EAP)

I. GENERAL

The "CrossFit Games" will be held August 3-6, 2017 at Olin Park.

II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the "The CrossFit Games" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

IV. BASIC PLAN

A. Emergency Action Plan (EAP) Event Representative

- 1. The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as Tim Chan.

B. Emergency Notification

- 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.
- 2. We will / will not have on-site EMS (ENTER CONTACT NAME & CELL PHONE NUMBER)
- 3. We will / will not have on-site Police or Security (ENTER CONTACT NAME & CELL PHONE NUMBER)

C. Severe Weather

- 1. Weather forecasts and current conditions can be monitored through the [National Weather Service's Madison Weather Forecast website](#).
- 2. Before the event - If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such FIRST/LAST NAME and will be responsible to monitor the weather conditions before and during the event.
- 3. During the event - If severe weather occurs during the event, the EAP event representative or his/her designee FIRST/LAST NAME will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
- 4. There are very limited provisions for sheltering participants in the event of severe weather.
- 5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.

D. Fire

- 1. If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
- 2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
- 3. If cooking is intended, you must contact the fire department and -
 - a) Must have a valid fire extinguisher, 2A10BC

- b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
- c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
- d) Cooking must be on a non-combustible surface (grease collection material generally required under cooking and food service areas)
- 4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
- 5. All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
- 6. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

E. Medical Emergencies

- 1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
- 2. Event manager shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
- 3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

F. Law Enforcement

- 1. The need for constant Law Enforcement presence at this event
 has / has not been identified. Event manager shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event
- 2. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

G. Emergency Vehicle Access

- 1. Access for Emergency Vehicles will be maintained at all times.
- 2. 20' Fire Lanes are required to be kept open at events.
- 3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane
- 4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public thoroughways.
- 5. Crowd control will be managed by: Tim Chan.
- 6. Parking for vendor and staff vehicles will be: n/a - boat launch parking.
- 7. Parking for attendee vehicles will be: Alliant Energy Center.

V. CONTACT INFORMATION

Primary Contact	Tim Chan	619-944-3302
Secondary Contact	Owen Valuch	415-2548533
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345

STREET EVENT CLEANUP AND RECYCLING PLAN

- Include plans for collection and disposal of materials during and after event - number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and cleanup.
- If City containers are not used, please provide the name and contact information of the collection agency providing equipment and service for the event.
- Event organizers are responsible for emptying City garbage/recycling containers within the event perimeter.
- Any group that leaves an area in a condition that requires special cleanup by City crews will be charged the full cost of cleanup.
- If you need assistance with your cleanup and recycling plan, please contact the City of Madison's Recycling Office, via email or at (608) 267-2626.

Provide Detailed Trash/Recycling/Cleanup Plans:

Garbage and recycling bins will be provided by the CrossFit Games and will clean up and remove trash as needed.

STREET EVENT MARKETING INFORMATION

Conditional approval of the event is required **BEFORE** promoting, marketing or advertising the event.

Do you have marketing information?

Yes No

If Yes, please continue. If No, skip this form.

How will this event be marketed, promoted, or advertised?

The event will be marketed the CrossFit Games website and the Madison Area Sports Commission. The Madison Area Sports Commission will also be developing a marketing plan including providing welcome flyers for the overall event.

Will there be live media coverage during the event and where will the media vehicles be parked?

Likely, CrossFit media will be stationed in the boat launch parking. Additional media will be responsible for finding nearby street parking or work through the CrossFit media credential process for access to this portion of the event.

PARKS DIVISION CALENDAR OF EVENTS

If you want your event to be listed on City website calendars, please complete the Marketing Information form. Your event will only be included on the calendars if all permits and applications are approved 30 days in advance and your event is open to the public. If this form is not completed, the event will not be included on the calendars.

Official Name of Event: The CrossFit Games

Location: Alliant Energy Center

Public Contact Phone: _____

Website: http://games.crossfit.com

Admission Cost: See website for ticket information

Date of Event: August 3-6, 2017

Beginning/End Time of Event: see website for more information

Two sentence description of event (for internet calendar): The CrossFit Games are the world's premier test to find the Fittest on Earth. They are world-renowned as a grueling test for the toughest athletes on Earth as well as a thrilling experience for spectators.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/12/2017

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).

PRODUCER NEXO Insurance Services, Inc. 111 N. Sepulveda Blvd Ste 325 Manhattan Beach CA 90266		CONTACT NAME: Garik Khechoyan, CTC, CRM PHONE (A/C, No, Ext): (310) 937-2007 FAX (A/C, No): (310) 937-1127 E-MAIL ADDRESS: gkhechoyan@nexoins.com	
INSURED CrossFit, Inc. 3218 Lakeside Village Drive Prescott AZ 86301-6689		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins Co NAIC # 18058 INSURER B: AGCS Marine Insurance Company 22837 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2017 Master Cert 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.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Per Event	X		PHPK1631524	3/31/2017	3/31/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1631524	3/31/2017	3/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB578105	3/31/2017	3/31/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 \$
B	Misc. Rented/Leased Equipment			MXI93050072	3/31/2017	3/31/2018	Limit \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The City of Madison is named as Additional Insured where required by written contract with respects to General Liability arising out of operations of the Named Insured. Waiver of Subrogation applies in favor of the Certificate Holder where required per written contract with respects to General Liability coverage. Additional terms, conditions, limitations and exclusions apply per policy form. Refer to policy for specific terms.

CERTIFICATE HOLDER The City of Madison City Risk Manager 210 Martin Luther King, Jr. Bl Room 406 Madison, WI 53703	CANCELLATION 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 Jan Gable/GARIK
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