

Park Event Application



GENERAL INFORMATION

Are you applying for a NEW park event? Are you applying for a returning park event?	with significant changes?		Yes Yes	х	No No
				х	
EVENT INFORMATION					
Name of Event: Madison Heart Walk and 5K	_ Park Requested: Warner Park Use of Shelter: ☐ Yes ☐ No Estima	ated	Attenda	nce:	2,500
Type of Event (run/walk, fundraiser, festival, etc): Run and Walk				
EVENT ORGANIZER/SPONSOR INFORMATION					
Name of Organization: American Heart Associa				_	
Is Organizer/Sponsor a 501(c)3 non-profit agend	•		X Yes	Ш	No
MANDATORY: State Sales Ta	ax Exemption Number: ES#:: 13-5613797				
Primary Contact: Camilla Jackson Work Phone Suite 130, Madison Wi 53718 Phone During E					
Email: Camilla.Jackson@heart.org Organiza	ation or Event Website: www.madisonwiheartw	alk.	org		
EVENT SCHEDULE					
Date(s) of Setup: 10/05/19	Setup Start and End Times: 5:30am - 7	7:30	am .		
Date(s) of Event: 10/05/19	Event Start and End Times: 7:45am, 1	pm			
Date(s) of Take-Down: 10/05/19	Take-Down Start and End Times: 12:3	0pr	n – 2:30p	<u>m</u>	
Rain Date (if any): N/A Does this require time in the				_	
	the day before your event? No	L		Ш	
PERMITS		Г	7		
Will you have amplified sound at this event? If yes, please fill out an Amplification Pe	` '	_		ш	
Will have any temporary structures such as tent			Yes	х	No
If yes, please fill out a Temporary Struc				Ш	
Note that permits are not required for 10	0' x 10' pop-up tents				
Will you sell anything during the event?		Г	Yes	x	No
, , , ,	1				-
If yes, please fill out a Vending Permit A	Application (page 15)		Voc	\ <u></u>	No
Will you serve any food at this event? If yes, what will be served:			Yes	X	No
y 55,					
Will you sell alcohol (beer/wine) at the event?			Yes	х	No
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THE APPLICANT FOR A PARK EVENT PERMIT SHALL AGREE TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS 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 ISSUED.

The organization or person to which a permit is issued will be responsible for the conduct of the event, the condition of the permitted area, and actual fees for services provided. Falsification of information on the application will result in forfeiture of up to \$200 per falsified item.

Applicant Signature Camilla B. Jackson Date 03/07/2019

NARRATIVE & SCHEDULE

Please provide a brief narrative of the event.

All setup and amplification is in the Madison Mallards stadium. Park.	The run/walk route goes through Warner

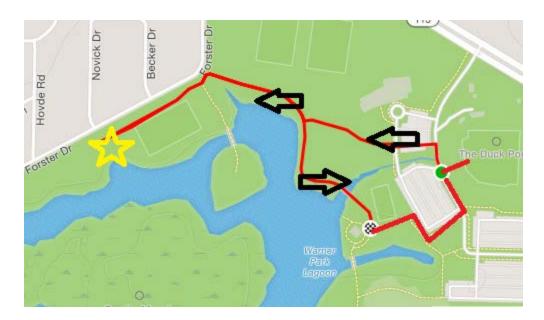
EVENT SCHEDULE

The schedule begins when event setup starts and ends when cleanup of the event area is complete, all equipment is removed and the park is available for regular use.

The schedule should encompass all activities planned for the event, including but not limited to:

- General: set up, hours of operation, tear down/cleanup, leave park
- Vending: when vendors will set up, hours of operation, tear down/cleanup, leave park
- Music/Performances: stage setup, performance schedule, tears down/cleanup, leave park
- Displays, Exhibits, Demonstrations: setup, open hours, tear down, leave park
- Run/Walk/Parade, etc.: when staging starts, start time(s), end time(s), cleanup, leave park

DATE/TIME	ACTIVITY DETAILS FOR EACH DAY IN THE PARK (SETUP, EVENT AND TAKE-DOWN) Make sure your times match the times given on the general information page.
5:30am	Course setup
7:45am	Heart Walk starts
1pm	Heart Walk finish
12:30pm-2:30pm	course take down



Heart Walk – October 5, 2019 – Warner Park

1 mile route



EMERGENCY ACTION PLAN

Below is the standard Emergency Action Plan required by the City of Madison. Please complete the form with your event information.

I.	GEN	ERAL
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2019 Madison Heart Walk and 5K will be held 10/5/19 at Mallards Ball Park, 2920 North Sherman Ave.

EVENT NAME

DATE

GENERAL LOCATION/ADDRESS/PARK NAME

II. PURPOSE

- **A.** This emergency action plan predetermines actions to take before and during the "EVENT NAME" (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 PRIMARY CONTACT: FIRST/LAST NAME.

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 x will/ will not have on-site EMS. Ryan Brothers Ambulance 608-257-9591

3. We will/x will not have on-site Police or Security._

CONTACT NAME/CELL NUMBER

C. Severe Weather

- 1. Weather forecasts and current conditions can be monitored through the <u>National Weather Service's</u> Madison Weather Forecast website.
- 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.

EMERGENCY ACTION PLAN

- 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

- The need for constant Law Enforcement presence at this event
 has / x 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 throughways.
- 5. Crowd control will be managed by: NAME.
- 6. Parking for vendor and staff vehicles will be: LOCATION(S).
- 7. Parking for attendee vehicles will be: LOCATION(S).

V. CONTACT INFORMATION

Primary Contact	Camilla Jackson, Development Director	Cell: 6173359626
Secondary Contact	Carrie Nevins, Executive Director	Cell: 6086281065
Emergency	Dane County 911 Center	911
Non-Emergency	Madison Fire Department	(608) 266-4420
Non-Emergency	Madison Police Department	(608) 255-2345

MARKETING

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

Would you like your event included on the Parks Division Event Calendar? If Yes, please continue. If No, skip this form.	x Y	'es	No
PARKS DIVISION CALENDAR OF EVENTS			
Your event will only be included on the calendars if all permits and applications are approved 30 and your event is open to the public.	days i	n adva	nce
Official Name of Event: 2019 Madison Heart Walk and 5K			
Park Location: Warner Park			
Public Contact Phone: Camilla Jackson, Development Director, 608-709-4933			
Website: www.madisonwiheartwalk.org			
Admission Cost: No admission fee, \$40/pp registration fee for 5K run only			
Date of Event: October 5, 2019			
Beginning/End Time of Event: 7:45am – 1:00pm			
Two sentence description of event:			
Join the American Heart Association as we celebrate our corporate and community partners, as and stroke survivors. This family-fun day includes a 1 & 3 mile walk for you, your pet, and your teand wellness activities, mascot race, and survivor stories!			