

**City of Pflugerville Special Event Permit Application**  
**Qualified event: competitive runs, triathlons, swim events, bike rides**

**Applicant Information**

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-mail address; \_\_\_\_\_

**Event Information**

1. Date(s): \_\_\_\_\_
2. Time: \_\_\_\_\_
3. Facilities used: \_\_\_\_\_

Estimated number of participants \_\_\_\_\_ and spectators: \_\_\_\_\_

Fee charged to participants: \$\_\_\_\_\_

Description equipment used by applicant (include picture):

\_\_\_\_\_  
\_\_\_\_\_

Please outline your Emergency Action Plan: (add additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

The applicant shall procure and maintain in force for the duration of this permit, liability insurance against any claim for injury to a person or damage to property which may arise from, or in connection with, the use of the park or lake by the applicant and its agents, representatives, volunteers, employees, subcontractors, invitees, and all registrants in the applicant's program. The Comprehensive General Liability Insurance should have a combined single limit of \$1,000,000 per occurrence. The applicant shall procure and maintain such insurance coverage at its own expense. The applicant shall provide proof of insurance prior to the execution of this permit and at such other times as demanded by the City. The applicant shall ensure that the City is named as an additional insured on such policy. The applicant shall provide a Certificate of Insurance with the types and amounts of coverage and a copy of the paid receipt showing the policy has been paid in full.

**Minimum program requirements**

At the time contract is signed, applicant must provide documentation of the following:

- a.  USAT certified race director for all triathlons
- b.  General Liability Insurance
- c.  Medical staff on site for duration of events
- d.  Open water certified lifeguards for all event which include swimming
- e.  Emergency Action Plan
- f.  At least one (1) year of documented business experience.
- g.  Current Sales Tax Permit (if applicable)
- h.  Event proposal outlining every aspect of your event

**Waiver**

Applicant agrees that, in consideration of permission to use the park facility for the conduct of the activity or event applicant will maintain the present condition of the park. Applicant is responsible for any damage to the grounds or facilities that are a direct or indirect result of the activity, whether caused by participants, referee, coach, spectator, etc of the activity. Applicant shall at all times comply with all laws and ordinances and all rules and regulations of Municipal, State and Federal Government authorities relating to the conduct of the activity authorized herein. Applicant shall fully indemnify, protect and hold harmless the City of Pflugerville, its employees and agents from all claims, demands, and causes of actions of every kind and character, including the of defense thereof, for any injury to, including death of, persons and any losses for damages to property caused by or alleged to be caused, arising out of, either directly or indirectly or in connection with this agreement or the activities authorized to be performed hereunder.

**Fee Structure**

<input type="checkbox"/> Triathlons	\$4.00 per event entrant	Minimum \$1,500 fee per event
<input type="checkbox"/> Runs, bike rides, swim events	\$2.00 per event entrant	Minimum \$750 fee per event
<input type="checkbox"/> Non-profits	\$1.00 per event entrant	No minimum required
<input type="checkbox"/> Local non-profits	All fees waived for local non-profits	

Within three days from completion of event, the event director agrees to provide the City with access to all of its books and financial records, including, but not limited to, registration database, accounting records and banking records, in order to verify the amount of payments due to the City.

**Verification**

I verify that all of the above information is true. I have also read, understand and I am willing to comply with the business/event use permit policies and procedures set by the City of Pflugerville Parks and Recreation Department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_ Payment Due \_\_\_\_\_

Dates for the permit \_\_\_\_\_ Payment Received \_\_\_\_\_

Date Permit Approved \_\_\_\_\_ Payment Type  Check  Cash  Credit Card

Date Applicant Notified \_\_\_\_\_ Receipt Number \_\_\_\_\_

**Exhibits Received**

- A- Park use permit
- B- Liability Insurance
- C- Medical provider contract
- D- Emergency action plan
- E- Sales tax permit ((if applicable))
- F- Event proposal outlining every aspect of your event
- G- Required certifications
- H- Lifeguard provider contract

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Parks and Recreation Department Approval**

\_\_\_\_\_  
Parks and Recreation Director or designee

\_\_\_\_\_  
Date

Please complete this application and return to the  
City of Pflugerville Parks and Recreation Department  
Attn: Amy Atkins  
Mailing Address:  
P.O. Box 589  
Pflugerville, TX. 78691  
Fax: (512) 990-0932  
E-mail: amya@cityofpflugerville.com