



For CGI Use: Date: _____
APP: _____ COI: _____

One Trail...Actively Connecting Our Communities

EVENT APPLICATION FORM

Cardinal Greenways, White River Greenway, John M. Craddock Wetland Nature Preserve, Cardinal Equestrian Trail and Historic Wysor Street Depot

We ask for this application because we want to know your event or program will be safe, well planned, and that it will not conflict with the plans of other groups. Please submit this **Application and your Certificate of Insurance at least 60 days before your event/program.**

Name of Event/Program: _____

Name of Organization: _____

Mission of Organization: _____

| | | | |
|---|--------------|----------------|------------|
| Person(s) Responsible for Event/Program (Please Print): | | | |
| Name: _____ | Name: _____ | | |
| Title: _____ | Title: _____ | | |
| Address: _____ | | Address: _____ | |
| City: _____ | Zip: _____ | City: _____ | Zip: _____ |
| Phone: _____ | | Phone: _____ | |
| Cell: _____ | | Cell: _____ | |
| Fax: _____ | | Fax: _____ | |
| E-mail: _____ | | E-mail: _____ | |

Date(s) of Event/Program: _____ Rain Date: _____

Start time/finish time of Event/Program: _____

Estimated Total Number of Participants: _____

Age Range of Participants (Please give approximate numbers for each):

1 - 9 yrs old____ 10-19 yrs____ 20-39 yrs____ 40-59 yrs____ 60 yrs+____

Number of volunteers scheduled for your event/program:_____

Purpose of your event/program:_____

Will your event raise funds for your organization?_____

On a separate sheet of paper please write a detailed description of your event/program including:

1. **Your entire route, both on and off the Greenway** (Will you be using the Cardinal Greenways or White River Greenway or both, what section of said trail will you use? What will be your SPECIFIC route on that trail? Include diagrams/map)
2. **Your plans for safety precautions as a result of Covid19**
3. **Your plans for trail clean up** (number of clean-up workers, start and finish times, trash removal plans, etc.)
4. **How you will mark your route?** (Signage, cones, etc.)

DO NOT MARK your route directly on the trail surface. Mark your route on the side of the trail with staked signs, traffic cones, or something similar. Trail marks deface and damage the trail surface and encourage graffiti.

Any other relevant information

Description of promotional and advertising materials (please attach sample flyers, ads, Public Service Announcements, posters, etc.):_____

Event/Program Facilities (please include items here such as planned port-a-john rentals, registration tables, SAG stops, trail markers, etc.):_____

Security/Traffic Control

Please write a brief description that includes:

1. Agency that will provide security/traffic control
2. Tasks that security/traffic control workers will perform
3. Number and location of security/traffic control workers
4. Times during which security/traffic control will be scheduled

If your event/program will cross major streets or roads on the Greenways, please PLAN THE APPROPRIATE SECURITY MEASURES at each crossing point on your route. Requests for street closings or police assistance should be directed to the appropriate City/County Board of Works.

Muncie Board of Works - 300 N. High Street - Phone 765-747-4878.

Richmond Board of Works - 50 N. 5th Street - Phone 765-983-7200

Marion Board of Works - 401 S. Adams St. - Phone 765-668-8871

Please include your CERTIFICATE OF INSURANCE, with this application at least 60 days before your planned event/program. Your certificate should name Cardinal Greenway, Inc. as a certificate holder and an additional insured and the amount shall be no less than \$1,000,000.00 (one-million).

Once Approved/Denied, your organization will be notified by mail to the applicant named above. If your event is not approved we will include reasons for denial.

Organization Board of Directors:

| Name, Address and Phone | Title and E-mail |
|-------------------------|------------------|
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Feel free to attach additional sheets if needed

User Fees:

Cardinal Greenway, Inc. is a private, non-profit 501(c)(3) organization. We currently receive no federal or state funds for trail operations and maintenance. To help us cover these costs, please include a user fee to Cardinal Greenways based on the number of your event participants. The standard fee is \$1.00 per registered participant.

Please mail your user fee or bring it to
Cardinal Greenways
700 E. Wysor St.
Muncie, IN 47305.

Advertising & Media:

If the client refers to the Greenways or the Wysor Street Depot on invitations, press releases, publications, or advertising copies need to be submitted to the Greenways Chief Executive Officer for approval prior to printing or airing. The Cardinal Greenways logo will only be used with the approval of the Greenways Chief Executive Officer.

Decorations & Signage:

Trail: Marking/painting of any kind on the trails is strictly prohibited. Trail and directional signage must be free standing and off of the trail surface.

Depot: All decorations, including anything attached to the walls or ceiling must have the express, written approval of Cardinal Greenways prior to the event.

Damages:

Any damage to the facility caused by a member of the client's party or the client's vendors will be assessed. If any damage is found, amount will be charged to the client.

Clean Up

You will be responsible for the removal of all trash from your entire event area.

Smoking:

Smoking is not permitted in the Wysor Street Depot, the Williamsburg Storage Building, the Marion Depot or on any Cardinal Greenway property.

Our event requests:

Trail Use Only: Date requested _____

Time requested _____

*Muncie Depot: Date requested _____

Time: Set-up _____

Tear down _____

___ Main room and conference area

___ Conference room only

*Table & chairs ___ Table and 2 chairs - number requested (1 table & 2 chairs)

___ Additional chairs - number requested

*additional fees may be required (call to arrange meeting)

Notified (if applicable): Police ___ EMS ___ Co. Sheriff ___ Fire Dept ___

911 Command ___ Board of Works ___

Release and Waiver Statement

We understand that, although Cardinal Greenway, Inc. has exercised care to promote the safety of all participants, there are factors present (including traffic, other trail users, weather, road conditions, animals, etc.) that are beyond the control of Cardinal Greenway, Inc.

We agree to ride, walk, run, inline skate, horseback ride, cross-country ski using a cautious prudent manner, and to obey all trail rules and regulations.

We agree to supervise and accompany all minor children who participate in this program/event.

We assume all responsibility and liability for any injury and or/damage(s) incurred while using the Greenway.

We agree to use the Greenway only for the purpose stated above and to leave the trail in the same or better condition that we found it.

We understand that Cardinal Greenway, Inc. is not responsible for damage to or loss of personal property, and we assume all risk of damage to or loss of personal property including bicycles, equipment, and/or accessories.

I have read, understood, and agreed to the terms and conditions of the policies, procedures, and regulations of this agreement/application.

Signature of Applicant: _____ Date: _____

Print Name: _____

Return completed form to: Cardinal Greenway, Inc. 700 E. Wysor St. Muncie, IN 47305

Questions ~ Phone: 765-287-0399

Fax: 765-287-0396

Cardinal Greenways Office Use

Application received by: _____ Date: _____

COI received by: _____ Date: _____

Issues/questions for applicant: (list issue, who & date contacted and result) _____

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason: _____

Requires partial/entire closing of Greenway ___ Yes ___ No

If yes, what section? _____

What time frame? _____