

SPECIAL USE PERMIT APPLICATION

This application is made to the Champaign County Forest Preserve District to obtain a Special Use Permit to conduct the activity by and on behalf of the Individual/Sponsor Group, all as described herein:

1. Name, address, phone number of Individual/Sponsor Group:

2. Name, address, phone number and email address of individual(s) responsible for organizing and on-site supervision of the activity:

3. Type and detailed description of the activity for which Permit is sought. If the activity has been previously conducted by individual or any other organization, state when and where this was conducted: _____
4. The exact date and times during which the activity will be conducted. Include the expected arrival and departure times of both the representatives of the Individual/Sponsor Group and, if different, of the participants and spectators: _____
5. Identify the preserve, and portion thereof, and any building where the activity is sought to be conducted (*please indicate area on preserve map*):

6. Anticipated number of: (A) Sponsor Group Workers: _____ (B) Participants: _____ (C) Spectators: _____
7. Number of vehicles expected: _____ Number and type of vehicles to be used by Individual/Sponsor Group on-site with this activity: _____
8. Please list the anticipated special needs of the participants and spectators for this activity (i.e. first aid, standby ambulance, crowd control, portable restroom facilities, access to electricity, relocation of trash barrels, etc.), and how the Individual/Sponsor Group intends to meet these needs (please indicate these needs and locations on preserve map): _____
9. The undersigned representative of the Sponsor Group acknowledges that the Champaign County Forest Preserve District *may* require, as a condition of issuance of this Special Use Permit, that **the Sponsor Group shall during the Special Event which is the subject of the Permit, maintain in full force and effect, at its own cost and expense, Commercial General and Umbrella Liability Insurance for the Special Event with a limit of not less than \$1,000,000 each occurrence. The Champaign County Forest Preserve District (CCFPD) shall be named as an insured under this CGL and umbrella (if any) insurance for any and all injury or damage arising out of the Special Event, pursuant to and additional insured endorsement shall be in a form acceptable to CCFPD. There shall be no endorsement or modification of this insurance to make it excess over other available insurance; alternatively, if the CGL and umbrella (if any) insurance state that it is excess or pro rate, it shall be endorsed to be primary with respect to the CCFPD.**
10. By executing this Agreement, the Individual/Sponsor Group agrees to provide all of the personnel and services in connection with this activity as detailed above, to abide by all District rules and regulations, and further agrees to indemnify, defend and hold harmless the Champaign County Forest Preserve District, its officers, agents and employees from any and all claims, including reasonable attorney's fees, resulting from injuries, including death, damages and loss sustained by anyone arising out of, connected with, or in any way associated with the activity for which this application is being made.
11. The Individual/Sponsor Group requests the Champaign County Forest Preserve District to consider this application and to contact its representative should any additional information or clarification be required.

Representative of Individual/Sponsor Group - Signature

Title

Date