

# CITY OF WAYNESBORO

“THE BIRD DOG CAPITAL OF THE WORLD”

615 N. Liberty Street • Waynesboro, GA 30830 • 706-554-8000 • Fax: 706-554-8007 • www.waynesboroga.com

## SPECIAL EVENT / PUBLIC ASSEMBLY / PARADE APPLICATION

**Event Title:** \_\_\_\_\_ **Date(s) of Event** \_\_\_\_\_

**Event Location:** \_\_\_\_\_  
STREET ADDRESS SITE NAME

**Times:** **Event Start:** \_\_\_\_\_ **Set Up Begins:** \_\_\_\_\_

**Event End:** \_\_\_\_\_ **Clean Up Ends:** \_\_\_\_\_

**Event Type:**  Run  Walk  Parade  Bike/Tour  March  Fair/Carnival  Concert  Film

(CHOOSE ALL THAT APPLY)  Other \_\_\_\_\_

**Estimated participants:** \_\_\_\_\_ **Estimated Attendees:** \_\_\_\_\_

### SITE MAP DESCRIPTION AND PURPOSE FOR EVENT:

Event Location Site Map descriptions should be a detailed narrative including a description of activities in the event, such as event entry and exit, water stations, start/finish sites, inflatables, and a time line of your event. Please write this description in the space provided below or attach the description as a Word document

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### ORGANIZATION /COMPANY INFORMATION

The organization/company is the entity in charge of event management and responsible for the event.

**Organization/ Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Organization Contact Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Is this organization a non-profit entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, attach IRS 501 (c) tax exemption form
Are vendor or other fees required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, attach detailed fee amounts.
Are entry fees required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, attach detailed fee amounts.

**Print Responsible Party name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- MY SIGNATURE CERTIFIES THAT I AND THE SPONSOR OF THIS EVENT AGREE TO ALL SPECIAL INSTRUCTIONS AND ACCEPT ALL LIABILITY REGARDING THE EVENT
- UPON REVIEW OF THE APPLICATION THE CITY RESERVES THE RIGHT TO REQUIRE THE APPLICANT TO PROVIDE PROOF OF INSURANCE

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## PREFERRED EVENT CONTACT INFORMATION

*The preferred contact is a representative of the organization who has been authorized to plan the event. The applicant must be available to work closely with the City's Special Events Committee.*

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SPECIAL PLANNING ITEMS

Will the event require the use of fireworks?  Yes  No  live animals part of event/show

Requesting to serve alcohol? - If yes, specify type below:

(If applicable, provide proof of Department of Revenue Special event Permit Licensure)

Alcohol Sales

Beer  Beer and Wine  Beer, Wine & Spirits

Free/Host Alcohol

Beer  Beer and Wine  Beer, Wine & Spirits

Host and Alcohol Sales

Beer  Beer and Wine  Beer, Wine & Spirits

Other \_\_\_\_\_

Will you have food vendors? (If yes, describe how food will be served and prepared and provide copy of the County Health Department's Food Permit if applicable)

Do you intend to cook/grill food in the event area? (If yes, specify method below)

Charcoal  Gas  Electric  Other \_\_\_\_\_

Amount of Tents expected: \_\_\_\_\_ Portable Restrooms: \_\_\_\_\_ (show locations on site map)

Will your event require the closing of any streets?  Yes  No

Will your event require closing/event line up in any parking lots in the City?  Yes  No

(If yes, attach a written description and map of all roads and parking lots to be closed/ used for line up, including closure times below.)

Requesting roads closed from \_\_\_\_\_ to \_\_\_\_\_  
Street Name Street Name

And \_\_\_\_\_ to \_\_\_\_\_  
Street Name Street Name

Requesting parking lots \_\_\_\_\_ and \_\_\_\_\_ for line up  
(Location/Business Name) (Location/Business Name)

From: (Start/set up) \_\_\_\_\_ (Event end/clean up) \_\_\_\_\_

*It shall be the responsibility of the applicant to coordinate with the Waynesboro Police Department for special use of Police Department officers/resources.*

*Review of this information may take up to 30 days (or longer) before Special Event Permit issuance. Please take this information into consideration when submitting your application.*

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## COVENANT NOT TO SUE AND AGREEMENT TO HOLD HARMLESS

1. I, \_\_\_\_\_, in consideration of the opportunity to participate in a Special Event in the City of Waynesboro, conducted in Waynesboro, Georgia, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes the City of Waynesboro, its agents, officers, employees, volunteers and assigns (herein referred to as “RELEASEES”) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me during, as a result of or arising from my participation in and/or access to a Special Event/Public Assembly/Parade and/or Program, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**.
2. In the event that I use any property or equipment of the City of Waynesboro, **I HEREBY VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained as a result of or arising from my of use said equipment or property, **WHETHER SUCH LOSS, DAMAGE, OR INJURY IS CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE**.
3. I am fully aware that there are inherent risks involved in my participation in a Special Event/Public Assembly/Parade and/or Program which can result in serious physical injury, death, and/or damage to property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS, KNOWN OR UNKNOWN, OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, That may be sustained as a result of or arising from my participation in and/or access to a Special Event/ Program, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I FURTHER AGREE TO HOLD HARMLESS THE RELEASEES FOR ANY LOSS, LIABILITY, DAMAGE OR COSTS, INCLUDING COURT COSTS AND ATTORNEY’S FEES**, that may occur as a result of or arising from my participation in the Adopt-A-Street Program.
4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Georgia.
5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

\_\_\_\_\_  
Participating Group Name (print)

\_\_\_\_\_  
Participating Member Signature

SIGNED this \_\_\_\_ day of, 20\_\_.