



Rapid City Parks & Recreation
City of Rapid City, South Dakota
2025 Special Event Application

For Office Use Only
Application #
City Services
Non-City Services
Application
Alcohol Event Permit Needed
Shelter Reservation
Detailed Description
Site Map
Route/Traffic Safety Plan
Outdoor Court Rental
Certificate of Insurance
Payment Date Received
Cash Credit Card
Check #
Submitted to Calendar
Routed for Approval
Emailed Response
Completed By

Event Name:
Name of Organization:
Applicant Name:
Mailing Address:
City/State/Zip:
Email:
Organization Phone:
On-Site Contact Person:
On-Site Cell Phone:
Event Website if applicable:

This Event is:
Open to the Public
Ticketed Admission
Private Event

Estimated Attendance:

EVENT DESCRIPTION
Please attach a separate paper describing your event in detail, including the information delineated under Special Event Application on Page 2 of the Handbook. A separate, detailed site plan of the event site must also be submitted. If necessary, also provide a Traffic Safety Plan as described in the Handbook.
Primary Date: Secondary Date:
Start Time: End Time:
Primary Event Location/Address:
Secondary Event Location/Address:
Setup Date: Setup Time: Cleanup Time:
Date/time street closure start: Date/time street closure end:

INDEMNIFICATION
In consideration of approval to conduct this activity, the applicant/organization expressly assumes all risks incident to or in connection with the permitted activity. Any property damage or bodily injury arising out of or in connection with the permitted activity shall be the sole responsibility of the applicant/organization. Applicant/Organization agrees to and shall indemnify, defend and hold the City harmless from and against all losses, liabilities, damages, costs, expenses including litigation costs and reasonable attorney's fees, judgments or settlements whatsoever incurred by the City resulting from any claim, demand, action, cause of action or suit arising from or relating to the negligent or intentional acts or omissions of applicant/organization's officers, volunteers, employees, vendors, agents, contractors, subcontractors and others acting on behalf of applicant/organization. By signing and submitting this form, the applicant affirms he/she has read, understands, and has followed all Special Event guidelines.

Date: Name of Applicant: Please Print Signature