



City of Rapid City, South Dakota 2018 Special Event Application

Event Name: _____

Name of Organization: _____

Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone: _____

Email: _____

On-Site Contact Person: _____

On Site Cell Phone: _____

Event Proceeds go to _____

Will there be a participation fee? Yes _____ No _____

Do you want this event included on the City's Special Event Calendar? Yes _____ No _____

For Office Use Only

Permit Type: _____

Location: _____

Date: _____

Time: from _____ to _____

Application Fee _____ Date Rec'd _____

Estimated Attendance: _____

This Event is

☐ Open to the Public

☐ Ticketed Admission

☐ Private Event

EVENT DESCRIPTION

Please attach a separate paper describing your event in detail, including any requests for city services. 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.

Event Date: _____ Alternate Date: _____

Start Time: _____ End Time: _____

Event Location/Address: _____ Event Website if applicable: _____

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.

Date: _____ Name of Applicant: _____

Please Print

Signature