



GLADSTONE
— MICHIGAN —

CITY OF GLADSTONE
1100 Delta Avenue
Gladstone, Michigan 49837
Rec. Dept. (906) 428.9222 | Clerk (906) 428.2311
GLADSTONEMI.ORG

SPECIAL EVENT PERMIT APPLICATION

APPLICATION

Gladstone High School / Gladstone Robotics
Name of Sponsor Non Profit ID #

2100 M-35 Gladstone
Address City/ Zip

Business Fax Number

Email

PERSON
IN CHARGE
OF ACTIVITY

Jamie Lippens
Name

23 Tipperary Gladstone 49837
Address City/ Zip

280-3061
Business Phone Home Phone

EVENT TYPE
& LOCATION

5K Run
City of Gladstone
(will provide map)

EST. # OF
PARTICIPANTS

300

DATES

From 9-10 20223 To 9-10 20223

HOURS OF OPERATION

Set Up 7:00 am to 10:00 am
Event 10:00 am to 2:00 pm
Clean Up 2:00 pm to 4:00 pm

SPECIAL REQUEST

May need Public Safety
to help with traffic control

FOR INTERNAL USE

Permit Received 5/17/23 ☐ Approved ☐ Denied Signature _____ Date _____

WAIVER OF LIABILITY

NAME OF EVENT U.P. Color Run DATE OF EVENT 9-10-23

Shall indemnify, and hold harmless the City of Gladstone, it's officers, employees and agents from and against any and all claims, demands, liability, costs and expenses of whatever nature, including court cost and counsel fees arising out of injury to or death of any person or persons or loss of or physical damage to any property resulting in any manner from the willful misconduct acts, or negligence of the applicant, it's sub-consultants, agents, employees, volunteers, licensees, or guest in the making or performance of this Special Event Permit.

It is understood the City of Gladstone issues the permit in order to review and approve all plans for events which will affect public facilities or the public right of way.

Note: General Liability Coverage with a minimum limit of liability of \$1,000,000.00 is required

NAME JAG KUUBEKTS
TITLE SUPERINTENDENT
SIGNATURE [Signature]
DATE 5/15/23

WAIVER OF SUBROGATION

The lessor waives all rights of recovery against the lessee, lessee's employees, agents and invites for any loss or damage to property of the lessor located at the premises covered by the Special Events Permit, including property insured under valid and collectible insurance policies, to the extent of any recovery collectible under such insurance.

PLEASE SUBMIT COMPLETED FORM VIA
MAIL | FAX | EMAIL | @ CITY HALL

CITY OF GLADSTONE
1100 Delta Avenue
Gladstone, Michigan 49837
Fax | 906-428-3122
hberry@gladstonemich.org

U.P. COLOR RUN



save the date

SUNDAY, SEPTEMBER 10TH

PLACE: GLADSTONE, MI

TIME: TBD

Dakota Ave

Mich Ave

5th



23, 9:44:22 PM

Parcel Layers - Tax Parcels

X-Color Stations

87.0'6:1

Days	Control (Number of eggs per female)	Experimental (Number of eggs per female)
0	0.07	0.07
2	0.08	0.08
4	0.09	0.09
6	0.10	0.10
8	0.11	0.11
10	0.14	0.13

Next, we

Waiver

I know that running the U.P. Color Run 5k, a road race, is a potentially hazardous activity, which could cause injury. I will not enter and participate unless I am medically able and properly trained, and by my check, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of the race officials to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather, high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain. I assume all such risks being known, appreciated, and accepted by me.

I grant permission to all of the foregoing to use my photographs, motion pictures, recording or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

By checking this box, I agree to the waiver above *

☐ Option 1

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