



Special Event
Application Form

Return completed form to Roscoe Police Department * 10595 Main St. * PO Box 312 * Roscoe, IL 61073

☒ Assembly ☐ Block Party ☐ Neighborhood Garage Sale

Name of the Event and Sponsoring Organization:

NorthPointe Prairie Triathlon & Fit N Fun Fair

Nature of Event:

Triathlon Race

Location of Event: NorthPointe Heath & Wellness Projected Attendance: 250

Address of Organizer: 5605 E. Rockton Rd Phone Number: 815-525-4040

Event Date(s): June 14, 2025

Event Hours: 0700am am/pm until 12:00pm am/pm

Setup/Assembly Date: 6:00am Start Time: 8:00am Race Start am/pm

Dismantle Date: June 14, 2025 am/pm Completion Time: 1:00pm am/pm

Please describe, in specific details, the scope of your setup/assembly work:
(submit separate document if necessary)

Setting up Bike Corrals, Tents, Tables, Chairs for Fit N Fun Fair. HRFD Fire Trucks

Will this event require use of fireworks?

☐ Yes

☒ No

Will this event require street closures

☐ Yes

☒ No

Will alcohol be served?

☐ Yes

☒ No

Will signage be posted?

☐ Yes

☒ No

Will food be served?

☒ Yes

☐ No

If answering yes to any of the above, please provide separate individual permit applications forms as outlined in the Special Event Guidelines and Checklist documents

Phone: (815) 623-2829

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Fax: (815) 623-1360

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Email: permits@villageofroscoe.com



Special Event
Hold Harmless Agreement

I, NorthPointe Health & Wellness indemnify and hold the Village of Roscoe harmless against any and all liability and expenses whatsoever, for bodily injury or death, including without limitation injury or death to agents, employees, servants or volunteers of the applicant(s) that may be casually related to any act of ordinary negligence, intentional, willful or wanton misconduct and any such claim, loss or injury arising out of participation with the event

known as Prairie Triathlon
to be held 5605 E. Rockton Road Roscoe, IL 61073

Signed this 3 day of February, 2025

Gus Larson, Campus Director

Name

5605 E. Rockton Road Roscoe, IL 61073

Address

Signature

Witness



Special Event
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Who is your point of contact for this event? (must be available during entire duration of event)

Name: Gus Larson Phone Number: 608-290-1065
Email: glarson@northpointehealth.org

Additional Comments:

We will be using contracted licensed food trucks.

Applicant Signature:

Date:

3/17/25

Return completed application to: Roscoe Village Hall
10631 Main Street
Roscoe, Illinois 61073
permits@villageofroscoe.com

OFFICIAL USE ONLY

Date Filed: 3-26-2025

Village Administrator: _____ Date: _____
Signature

Village Board (if necessary): _____ Date: _____
Signature

Application Fee Paid: \$100 Special Event: Neighborhood Garage Sale
\$50 Special Event: Assembly
\$25 Special Event: Block Party

Receipt

Cc: Police Department, Public Works, Zoning, HRFPD, WCHD

March 18, 2025

To Whom This May Concern,

This is the 16th year of the NorthPointe Prairie Triathlon and Fit N Fun Fair. The proceeds from the entry fees are donated to the Stateline Boys & Girls Club (Beloit & South Beloit Clubs). The Triathlon is an entry level sprint distance event featuring a 350-yard pool swim, a 17-mile bike course and a 3-mile run on the NorthPointe Campus. Last year we had over 100 participants...over the years it has been as high as 150-170 participants.

The Fit N Fun Fair is a free kid & family fair focused on some health education, wildlife education and a lot of free activities to enjoy. Historically we see a few hundred kids and parents attend.

A few featured activities are:

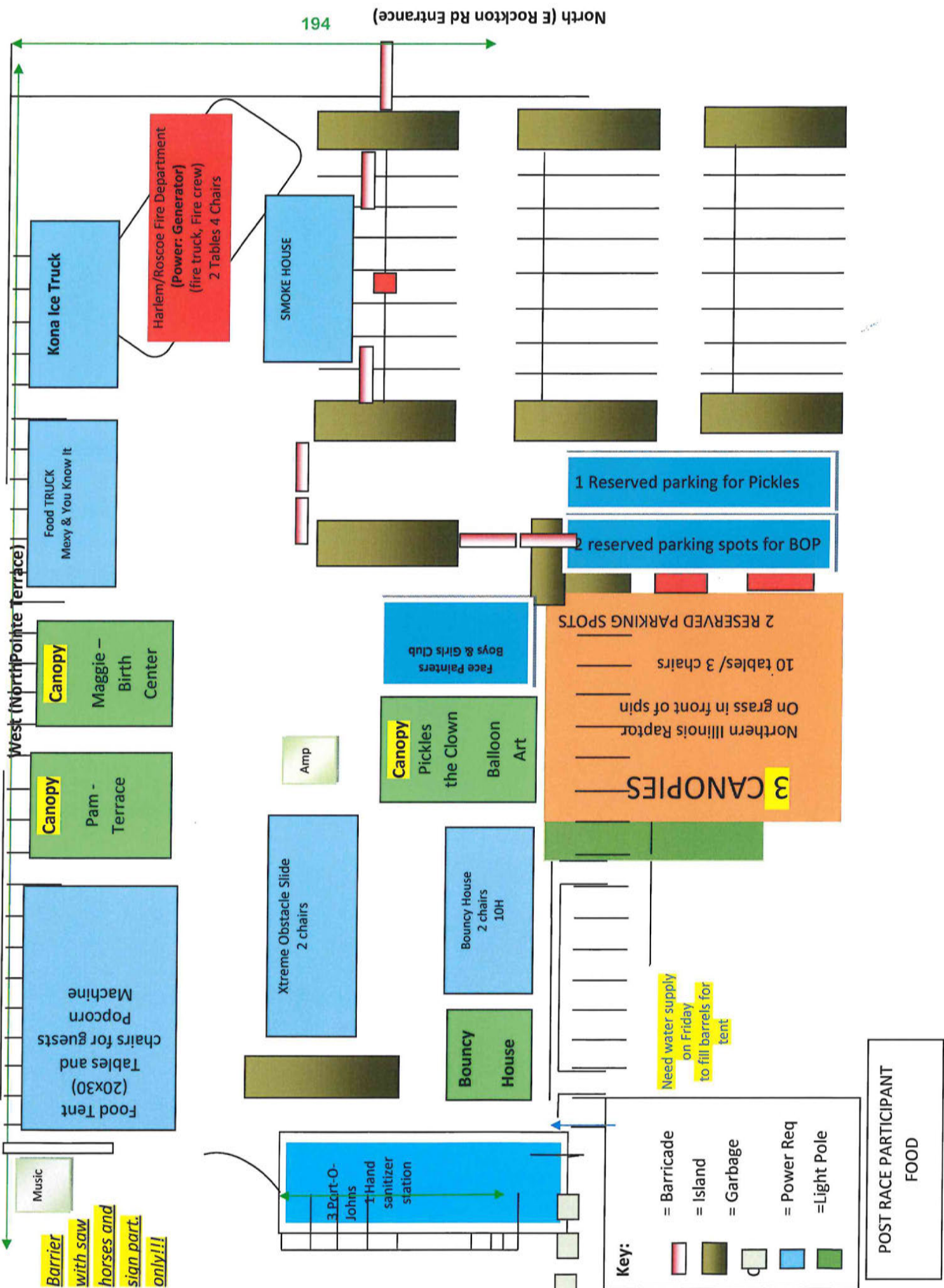
Northern Illinois Raptor Rehab Group
Harlem Roscoe Fire Department Touch A Truck
Pickles the Clown
An Inflatable Obstacle Course and other inflatables
Face Painting by the Stateline Boys & Girls Club

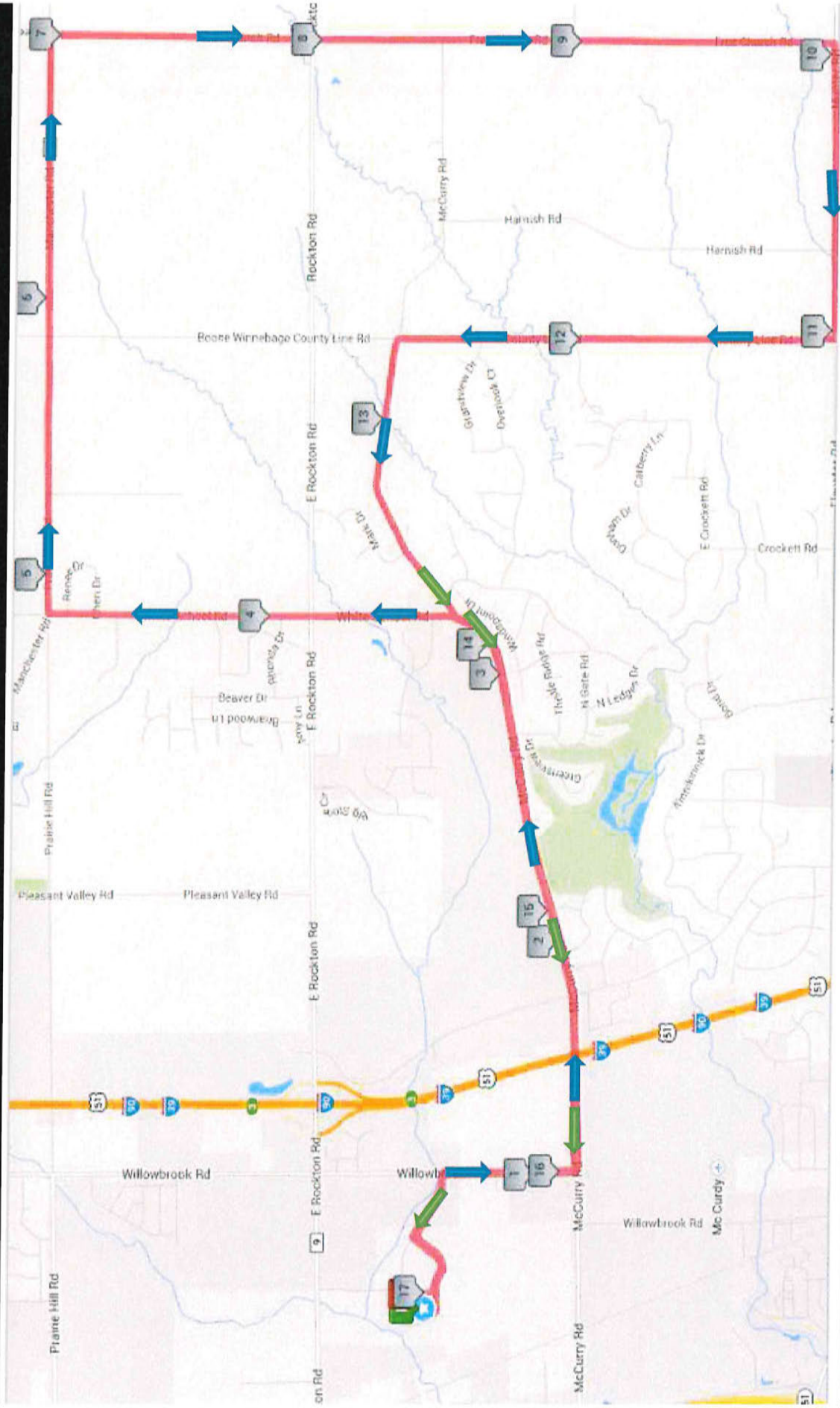
Another indirect benefit is that our NorthPointe Terrace Residents get to watch all this excitement on their Campus.

Thank you for your consideration!

Sincerely,

April Massengill
Office Coordinator
NorthPointe Health & Wellness
Office: 815-525-4006





2025 Prairie Triathlon Bike Route



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/11/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wisconsin Medical Society Insurance Services, Inc. PO Box 1109 Madison WI 53701		CONTACT NAME: Keith Kruse PHONE (A/C, No, Ext): (608) 442-3810 FAX (A/C, No): (608) 442-3811 E-MAIL ADDRESS: kkruse@tricorinsurance.com	
INSURED Beloit Health System Inc 1969 W Hart Rd Beloit WI 53511-2298		INSURER(S) AFFORDING COVERAGE INSURER A: Proassurance Specialty Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2025 HP2726 - IL GL, HPL

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HP2726	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000	
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000					
			MED EXP (Any one person) \$ 10,000					
			PERSONAL & ADV INJURY \$ 1,000,000					
							GENERAL AGGREGATE \$ 3,000,000	
							PRODUCTS - COMP/OP AGG \$ 3,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$	
							AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NorthPointe Triathlon June 14, 2025. The Village of Roscoe, its elected & appointed officials, officers, employees, agents and representatives are listed as additional insureds.

CERTIFICATE HOLDER

CANCELLATION

Village of Roscoe
10631 Main St

Roscoe

IL 61073

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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