



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:

Race for Acceptance

Nature of Event:

(GIGI FIT ACCEPTANCE CHALLENGE 5K)

5K fundraiser for Gigi's Playhouse of Rockford.

Location of Event: Roscoe Middle School + Stone Bridge Bike Path

Projected Attendance: 250

Address of Organizer: 8801 N. 2nd St. Phone Number: [REDACTED]

Event Date(s): Machesney Park, IL
Saturday, May 3rd, 2025

Event Hours: 8:00 am/pm until 12:00 am/pm

Setup/Assembly Date: 6:30 AM Start Time: 5/3/25 am/pm

Dismantle Date: 5/3/25 12:00 am/pm Completion Time: 12:00 am/pm

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

Set up tents for registration, set up timing arch,
and DJ → all in RMS parking lot.

We will have people manning the intersections of
Jonkey Drive and the bike path as well as Burr Oak
Road and the bike path. This is to ensure safe crossing
for our participants.

Will this event require use of fireworks?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will this event require street closures	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will alcohol be served?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will signage be posted?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will food be served?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 * Fax: (815) 623-1360 * Email: permits@villageofroscoe.com



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

Name: Haren Carlson Phone Number: [REDACTED]
Email: Kcarlson@gigisplayhouse.org

Additional Comments:

Applicant Signature:

[REDACTED]

Date:

02.13.2025

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



Special Event
Hold Harmless Agreement

I, KAREN CARLSON / GIGI'S PLAYHOUSE ROCKFORD 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

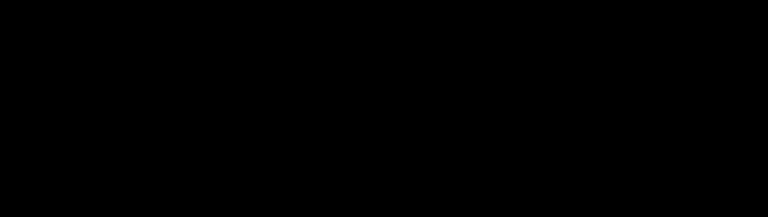
known as GIGI FIT ACCEPTANCE CHALLENGE SK

to be held SATURDAY, MAY 3, 2025

Signed this 13th day of FEBRUARY, 20 25

KAREN CARLSON (EXECUTIVE DIRECTOR, GIGI'S PLAYHOUSE ROCKFORD)
Name

8801 N. SECOND ST, MACHESNEY PARK, IL 61115
Address



Witness

Cross & Cr
11-11-11

Map Satellite

World Topo

USA Topo

Race starts at
Rice Middle
School

Turn around point

Jane Ad

Belvidere Rd

Belvidere Rd

Grove St

O = garbage cans

TIMER

KIDS
GAMES

Registration + First Aid

Port o'
Johns

DJ

Roscoe Middle School



GIGIPLA-01

CFIELDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/19/2025

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 CFM Insurance Agency, Inc. 50 N Brockway Street, Suite 5-2 Palatine, IL 60067	CONTACT NAME:	
	PHONE (A/C, No, Ext): (847) 934-0200	FAX (A/C, No): (847) 934-0202
INSURED Gigi's Play House, Inc. 2350A W. Higgins Rd Hoffman Estates, IL 60169	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : THE PHILADELPHIA INS CO	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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 <input checked="" type="checkbox"/> OTHER: Host Liquor Liability	X		PHPK2705403-000	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Included
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			PHPK2705403-000	2/1/2025	2/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB917614-000	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	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	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			PHPK2705403-000	2/1/2025	2/1/2026	Aggregate 3,000,000
A	D&O			PHSD1844518-015	2/1/2025	2/1/2026	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property Coverage included - Varies by location

Event Name: Race Towards Acceptance: A GigiFit Acceptance Challenge Event Date: May 3, 2025

Kinnikinnick Community Consolidated School District No. 131, Village of Rosco 10361 Main St Roscoe, IL 61073 are included as Additional Insureds, as it relates to General Liability coverages where required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Kinnikinnick Community Consolidated School District No. 131
5410 Pine Lane
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