

Attachment A – AADA Monarch Crest Crank Safety Plan

3/30/21

Safety/Risk Mitigation Plan

Summary

Participants

- All participants/riders will receive a safety briefing before they begin riding, including requirements to yield to other user groups on the trail (with the exception of Moto Bikes) and reminders to allow enough space between participants throughout the ride.
- All participants/riders will have a bib number assigned to them and with them on the ride.
- Key event staff will have the list of bib numbers with participant name and emergency contact information.
- All participants will provide emergency contact information for at least one individual who is not participating in the event.
- All participants will be required to sign a waiver (via online registration platform or paper copy) before participating in the event.
- All participants will be required to wear a helmet, and reminded of other recommended protection (gloves, etc.).
- All participants will be required to wear a mask/face covering when in enclosed spaces (shuttles) and when within 6 feet of other participants, volunteers and other trail users, if required by Chaffee County Public Health as of the date of the event.

Safety Riders

- Safety Rider to Participant Ratio will be approximately 1:8
- Safety Riders will be in pairs
- One Safety Rider per pair will carry a radio to communicate with other safety riders.
- Safety Riders will have First Aid/CPR knowledge and carry first aid kits. They will also carry Personal Protective Equipment for health and safety.
- At least 4 safety riders will be licensed medical professionals (EMT or higher).

Medical Support

- First Aid Station will be on top of Marshall Pass and will include at least 1 medical professional of EMT or higher qualification. The medical professional will have Personal Protective Equipment and basic first aid materials.
- The First Aid Station will be given list of riders and their emergency contact numbers.
- Ambulance access points: Monarch Pass, Marshall Pass summit, Marshall Pass FWD road in to end of Monarch Crest Trail; FWD road to top of Silver Creek cutoff, FWD access to bottom of Silver Creek trail, 2WD access up Silver Creek Road.
- Helicopter Access – most places along the Monarch Crest Trail, Marshall Pass summit, various locations along the Silver Creek Trail.

- Safety numbers – 911, Heart of the Rockies Regional Medical Center 719-530- 2200 (includes connection to REACH air medical transport), Shelley Schreiner (executive director of The Alliance) 719-221-3139, Becki Rupp (Crest Crank event coordinator) 720-308-8000; additional numbers to be provided annually if applicable.

Risk Management Plan - Details

Bicycling can be a dangerous activity. The Crest Crank bicycle event, hosted by the Alliance Against Domestic Abuse (dba The Alliance) has developed the following Risk Management Plan to document how we manage the event to reduce risks associated with bicycling activities. These policies apply to participants, volunteers and others involved in the Crest Crank. All participants share the responsibility for making the Crest Crank bicycling event as safe as possible.

A copy of this Risk Management Plan will be posted on the Crest Crank website and made available upon request to all interested parties.

All Crest Crank participants must sign - physically or electronically via online registration – a participation waiver. Participation will not be allowed if a cyclist has not signed a waiver.

Insurance

Participants should have personal medical insurance and carry their insurance information with them at all times during the Crest Crank event. Crest Crank/AADA organization carries general liability insurance to indemnify event organizers, but this is not personal injury or medical insurance for participants.

Standards of Care and Communications

Crest Crank participants and all associated volunteers shall follow the directions of city officials, county officials, police officers, sheriffs deputies, state patrol, US Forest Service, or other emergency personnel (e.g. fire, ambulance).

In the case of a medical emergency, participants should call 911. Although trained medical personnel will be monitoring the course and providing assistance as needed, participants should not solely rely on these resources for medical assistance.

Local and state law enforcement, emergency services agencies and area hospitals are notified of the Crest Crank event in advance.

State and local law enforcement will notify Crest Crank of law enforcement needs within their jurisdiction. Crest Crank will pay for law enforcement coverage at locations deemed necessary by those agencies.

First responder medical support will be provided by volunteers with medical qualifications of EMT or higher. Medical volunteers will have radio, satellite phone and/or mobile phone contact with additional medical resources should they be required.

Crest Crank will have volunteer Safety Riders covering the course. All will be able to contact the medical support volunteers and ride coordinator as needed.

Any accident on the Crest Crank courses shall be reported to the Aid Station at Marshall Pass. Accident information will be documented and provided to the ride coordinator, who will maintain the information as part of Crest Crank electronic files.

All medical personnel/volunteers will have appropriate Personal Protective Equipment (PPE) with them to use as needed.

General

All participants must wear a certified bicycling helmet whenever they are on a bicycle as part of Crest Crank. Failure to wear a helmet is grounds for being removed from the course.

For 2021: If required by Chaffee County Public Health, all participants will have a mask or other face covering to be used when they are within enclosed spaces (shuttles), and when they are within 6 feet of other riders, other trail users and/or medical personnel/volunteers. Any individual who has registered for the event but is feeling sick or has a fever will NOT participate in the event.

All participants are responsible for having adequate equipment, food and hydration to complete their chosen course safely. All participants are responsible for ensuring that their bicycle is in good working order before beginning the ride. Aid Stations and Safety Riders will be available throughout the ride to provide assistance.

Any participant should immediately advise a volunteer Safety Rider if he or she feels a group or individual are riding in an unsafe manner. The participant should withdraw from the event if he or she feels unsafe.

Each participant shall conduct himself or herself in a responsible and safe manner, and retains liability for his or her own actions.

All volunteers driving a vehicle shall maintain insurance in accordance with State of Colorado law and wear seat belts at all times. Volunteers shall not use cell phones for conversations or texts while driving. If cell phone use is necessary, the driver must pull off the road and stop the vehicle for the duration of the conversation.

Participants shall not use cell phones for conversations or texts while riding. If cell phone use is necessary, the participant must pull off the trail/course and stop riding for the duration of the conversation.

Cyclist Responsibility

Crest Crank provides information to all participants about cycling safety via the Crest Crank website and the registration confirmation email.

Crest Crank participants will be provided with a rider bib with a number, and are required to wear the bib during the ride. Crest Crank strongly encourages participants to write emergency

contact information on their bib. Crest Crank ride coordinator and Aid Station medical volunteer will have a list of participants with bib numbers and emergency contact information.

Crest Crank recommends that participants carry cell phones, while recognizing that cell phone service may not be available at all areas along the ride routes.

In the event of an emergency, participants should immediately call 911. Riders should also contact a Safety Rider on the course.

Route maps will be made available to all participants. Crest Crank strongly encourages participants to bring the route map with them on the course.

The course uses US Forest Service land, and includes some portions on private property. Participants should respect public and private lands by staying on the trail and must obey Colorado traffic laws. Participants should yield to other trail users, including hikers and horseback riders on the trail. Participants should also be mindful of motorcycle riders and other mountain bikers on the trail.

All Crest Crank routes are marked and explanation of these markings will be provided prior to ride start. Participants should proactively look for route markings at all intersections.

Crest Crank reserves the right to stop the ride in the case of hazardous weather or other environmental conditions and require participants to leave the course. Participants will be notified via a Safety Rider if this situation arises.

Crest Crank reserves the right to pull a participant from the course who a volunteer determines to be sick or at risk for injury.

Salida Park Rental & Special Event Form

This application must be filled out in its entirety and is a request only. Applications can be accepted or rejected.

Applicant/Entity Name (this will be the primary contact for the City) *

The Alliance/Monarch Crest Crank

Applicant/Entity Email *

crestcrank@gmail.com

What type of Event are you requesting? *

- ☐ Public Event: Free and open to the public eg. concerts/festivals (60-90 days notice)
- ☐ Admission Based Event: A paid ticket or reservation is required for entry (60-90 days notice)
- ☒ Races: A paid race event that can include walking, running, biking etc (60 days notice)
- ☐ Special Occasion: A private event by invitation only eg. celebration/birthday party (14 day notice)
- ☐ Tournament (30 days notice)
- ☐ Assembly/First Amendment Activity (Recommended 5 business day notice)

Event/Activity Name *

Monarch Crest Crank

Provide a short description of your activity. Include any website or social media handles associated with the event. *

after-party for mountain bike ride fundraiser for The Alliance, monarchcrestcrank.com, facebook.com/monarchcrestcrank and MonarchCrestCrank on Instagram

Desired Location of Event/Activity *

- ☒ Riverside Park
- ☐ Alpine Park
- ☐ Centennial Park
- ☐ Chisholm Park
- ☐ Chisholm Park Clubhouse
- ☐ Thonoff Park
- ☐ F street (For parades, walks/runs/bike races)
- ☐ Skatepark
- ☐ Marvin Park (For Baseball, Softball or Kickball tournaments)
- ☐ Centennial Courts (For Tennis or Pickleball Tournaments)
- ☐ Other: _____

Estimated number of attendees? *

200

Start date desired *

MM DD YYYY

09 / 19 / 2021

Start Time Desired (please include load in time) *

Time

07 : 00 AM ▼

End date desired *

MM DD YYYY

09 / 19 / 2021

End Time Desired (please include load out time) *

Time

05 : 00 PM ▼

Will ANY of these features apply to your event? *

- ☒ More than 50 attendees?
- ☐ Sell food or merchandise?
- ☒ Sell or dispense alcohol? (only allowed for non profit org)
- ☒ Use amplified sound?
- ☐ Need to close a street or right of way?
- ☐ Require law enforcement, security or fire professionals?
- ☒ Require municipal water or electricity hook ups?
- ☒ Require City fencing, road barricades, cones or sprinkler marking?

This form was created inside of City of Salida.

Google Forms

Addendum A

1. Do you plan on using any portion of the Salida Trail System (STS)? Yes ____ No X

If yes, describe when, how and where:

2. How many people do you plan to have at your event: 200

3. Will any food or merchandise be sold? Yes X No ____

If yes, FOOD AND SALES TAX LICENSES MUST BE OBTAINED. Contact the Colorado Department of Revenue for sales tax licenses at (303) 232-2416, and the Chaffee County Public Health Department for food licenses at (719) 539-2124. Vendors must have a fire extinguisher on site. Vendor booths are subject to inspection by the Salida Police and Fire Departments.

4. Will alcoholic beverages be sold and/or dispensed at your event?

Yes X No ____

If yes, please fill out the Application for Special Events Liquor License and submit it along with the necessary fees. A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated non-profit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.

5. Will there be amplified sound at your event? Yes X No ____

6. Are street closures proposed for your event? Yes ____ No X

If yes, where and when? _____

7. Will you require any law enforcement services specific for your event? Yes ____

No X

If yes, for what purpose (security, traffic, parking or public control, Salida Trail System crossings, etc.)

Dates and times officers needed? _____

Please attach the event's Security Plan.

The City of Salida requires reimbursement for the cost of providing police and safety measures above the standard for the time and date of any event.

8. Where do you plan for people to park for your event?

lot on east/south side of the river

9. Please explain your **Emergency Action Plan, including First Aid Stations**, Communication and public safety agencies. Please attach additional documents to this application with the details.

see attached

10. Will you need event insurance? Yes ☒ No ☐

Events to which the PUBLIC is invited require insurance. Please refer to #11 under Provisions for Park Rentals and Park Rules. Proof of insurance will be required with this application and must list the City as an additional insured party.

11. Please provide a **timeline** for your event

7:30 AM - 4 PM

12. Please list any other needs or requirements that have not been covered.

13. Signature

Becki Rupp



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/2021

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 McKay Insurance Agency, Inc. 106 East Main Street P O Box 151 Knoxville IA 50138	CONTACT NAME: Megan Stanley PHONE (A/C, No, Ext): (641) 842-2135 FAX (A/C, No): (641) 828-2013 E-MAIL ADDRESS: meg@mckayinsagency.com																					
INSURED Silent Sports Association- NBTS SE Alliance Against Domestic Abuse PO Box 173 Salida CO 81201	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER B:</td><td>Gerber Life Insurance Company</td><td>70939</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Evanston Insurance Company	35378	INSURER B:	Gerber Life Insurance Company	70939	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** CL2141359360**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 <input checked="" type="checkbox"/> Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Event	Y	N	3607AH010099-3	09/19/2021	09/20/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			15-070944-20	09/19/2021	09/20/2021	Excess \$25,000 Deductible \$250

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

Monarch Crest Crank: September 19, 2021. Certificate holder is an additional insured but only with respect to liability arising out of the operations of the above named insured. "This policy is issued, pursuant to Iowa Code section 515.147, by a nonadmitted company in Iowa and as such is not covered by the Iowa Insurance Guaranty Association."

CERTIFICATE HOLDER**CANCELLATION**

City of Salida 448 E 1st Street Salida CO 81201	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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APPLICATION FOR A SPECIAL EVENTS PERMIT

Department Use Only

IN ORDER TO QUALIFY FOR A SPECIAL EVENTS PERMIT, YOU **MUST BE NONPROFIT**
AND ONE OF THE FOLLOWING (See back for details.)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> SOCIAL | <input type="checkbox"/> ATHLETIC | <input type="checkbox"/> PHILANTHROPIC INSTITUTION |
| <input type="checkbox"/> FRATERNAL | <input type="checkbox"/> CHARTERED BRANCH, LODGE OR CHAPTER | <input type="checkbox"/> POLITICAL CANDIDATE |
| <input type="checkbox"/> PATRIOTIC | <input type="checkbox"/> OF A NATIONAL ORGANIZATION OR SOCIETY | <input type="checkbox"/> MUNICIPALITY OWNING ARTS |
| <input type="checkbox"/> POLITICAL | <input type="checkbox"/> RELIGIOUS INSTITUTION | FACILITIES |

LIAB TYPE OF SPECIAL EVENT APPLICANT IS APPLYING FOR:

- | | | |
|------|--|-----------------|
| 2110 | <input checked="" type="checkbox"/> MALT, VINOUS AND SPIRITUOUS LIQUOR | \$25.00 PER DAY |
| 2170 | <input type="checkbox"/> FERMENTED MALT BEVERAGE (3.2 Beer) | \$10.00 PER DAY |

DO NOT WRITE IN THIS SPACE

LIQUOR PERMIT NUMBER

1. NAME OF APPLICANT ORGANIZATION OR POLITICAL CANDIDATE

The Alliance Against Domestic Abuse (DBA The Alliance)

State Sales Tax Number (Required)

84-0927490

2. MAILING ADDRESS OF ORGANIZATION OR POLITICAL CANDIDATE
(include street, city/town and ZIP)

627 Oak St., Salida, CO 81021

3. ADDRESS OF PLACE TO HAVE SPECIAL EVENT
(include street, city/town and ZIP)

Riverside Park, Salida, CO 81201

NAME

DATE OF BIRTH

HOME ADDRESS (Street, City, State, ZIP)

PHONE NUMBER

4. PRES./SEC'Y OF ORG. or POLITICAL CANDIDATE

Shelley Schreiner

10/17/1980

58417 Rundle Dr., Moffat, CO 81143

719-539-7347

5. EVENT MANAGER

Rebecca Rupp

11/26/1969

8839 Cameron Meadow Circle, Salida, CO 720-308-8000

6. HAS APPLICANT ORGANIZATION OR POLITICAL CANDIDATE BEEN
ISSUED A SPECIAL EVENT PERMIT THIS CALENDAR YEAR?

☒ NO ☐ YES HOW MANY DAYS? _____

7. IS PREMISES NOW LICENSED UNDER STATE LIQUOR OR BEER CODE?

☒ NO ☐ YES TO WHOM? _____

8. DOES THE APPLICANT HAVE POSSESSION OR WRITTEN PERMISSION FOR THE USE OF THE PREMISES TO BE LICENSED? ☐ Yes ☐ No

LIST BELOW THE EXACT DATE(S) FOR WHICH APPLICATION IS BEING MADE FOR PERMIT

Date 09/19/2021

Date

Date

Date

Date

Hours From 10:00 a .m.
To 4:00 p .m.

Hours From .m.
To .m.

Hours From .m.
To .m.

Hours From .m.
To .m.

Hours From .m.
To .m.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

SIGNATURE

TITLE

DATE

Coordinator, Crest Crank

REPORT AND APPROVAL OF LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 12, Article 48, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

LOCAL LICENSING AUTHORITY (CITY OR COUNTY)

☐ CITY

☐ COUNTY

TELEPHONE NUMBER OF CITY/COUNTY CLERK

SIGNATURE

TITLE

DATE

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

LIABILITY INFORMATION

License Account Number	Liability Date	State	TOTAL
		-750 (999)	\$.

(Instructions on Reverse Side)

APPLICATION INFORMATION AND CHECKLIST

THE FOLLOWING SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FOR A PERMIT TO BE ISSUED:

- ☐ Appropriate fee.
- ☐ Diagram of the area to be licensed (not larger than 8 1/2" X 11" reflecting bars, walls, partitions, ingress, egress and dimensions.
Note: If the event is to be held outside, please submit evidence of intended control, i.e., fencing, ropes, barriers, etc.
- ☐ Copy of deed, lease, or written permission of owner for use of the premises.
- ☐ Certificate of good corporate standing (NONPROFIT) issued by Secretary of State within last two years; **or**
- ☐ If not incorporated, a NONPROFIT charter; **or**
- ☐ If a political Candidate, attach copies of reports and statements that were filed with the Secretary of State.

- ☐ **APPLICATION MUST FIRST BE SUBMITTED TO THE LOCAL LICENSING AUTHORITY (CITY OR COUNTY) AT LEAST THIRTY (30) DAYS PRIOR TO THE EVENT.**
- ☐ **THE PREMISES TO BE LICENSED MUST BE POSTED AT LEAST TEN (10) DAYS BEFORE A HEARING CAN BE HELD. (12-48-106 C.R.S.)**
- ☐ **AN APPROVED APPLICATION MUST BE RECEIVED BY THE LIQUOR ENFORCEMENT DIVISION AT LEAST TEN (10) DAYS PRIOR TO THE EVENT.**
- ☐ **CHECK PAYABLE TO THE COLORADO DEPARTMENT OF REVENUE**

(12-48-102 C.R.S.)

A Special Event Permit issued under this article may be issued to an organization, whether or not presently licensed under Articles 46 and 47 of this title, which has been incorporated under the laws of this state for the purpose of a social, fraternal, patriotic, political or athletic nature, and not for pecuniary gain or which is a regularly chartered branch, lodge or chapter of a national organization or society organized for such purposes and being non profit in nature, or which is a regularly established religious or philanthropic institution, and to any political candidate who has filed the necessary reports and statements with the Secretary of State pursuant to Article 45 of Title 1, C.R.S. A Special Event permit may be issued to any municipality owning arts facilities at which productions or performances of an artistic or cultural nature are presented for use at such facilities.

If an event is cancelled, the application fees and the day(s) are forfeited.



Alliance Against Domestic Abuse

P.O. Box 173
Salida, CO 81201
Phone: 719-539-7347
Fax: 719-539-2005
info@salidalliance.org
24-hour Crisis Line:
719-539-7347

INTERNAL REVENUE SERVICE
District Director

DEPARTMENT OF THE TREASURY
1100 Commerce St., Dallas, TX 75242

Alliance Against Domestic
Abuse
P. O. Box 173
Salida, CO 81201-0173

Person to Contact:
Customer Service Division

Telephone Number:
(800) 829-1040

Refer Reply to:
EP/EP MC:4940 DAL

Date: MAY 07 1999

EIN: 84-0927490

Dear Sir or Madam:

Our records show that the Alliance Against Domestic Abuse is exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code. This exemption was granted May 1984 and remains in full force and effect. Contributions to your organization are deductible in the manner and to the extent provided by section 170 of the Code.

We have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code. Your organization is described in section 170(b)(1)(A)(vi) of the code.

This letter may be used to verify tax-exempt status.

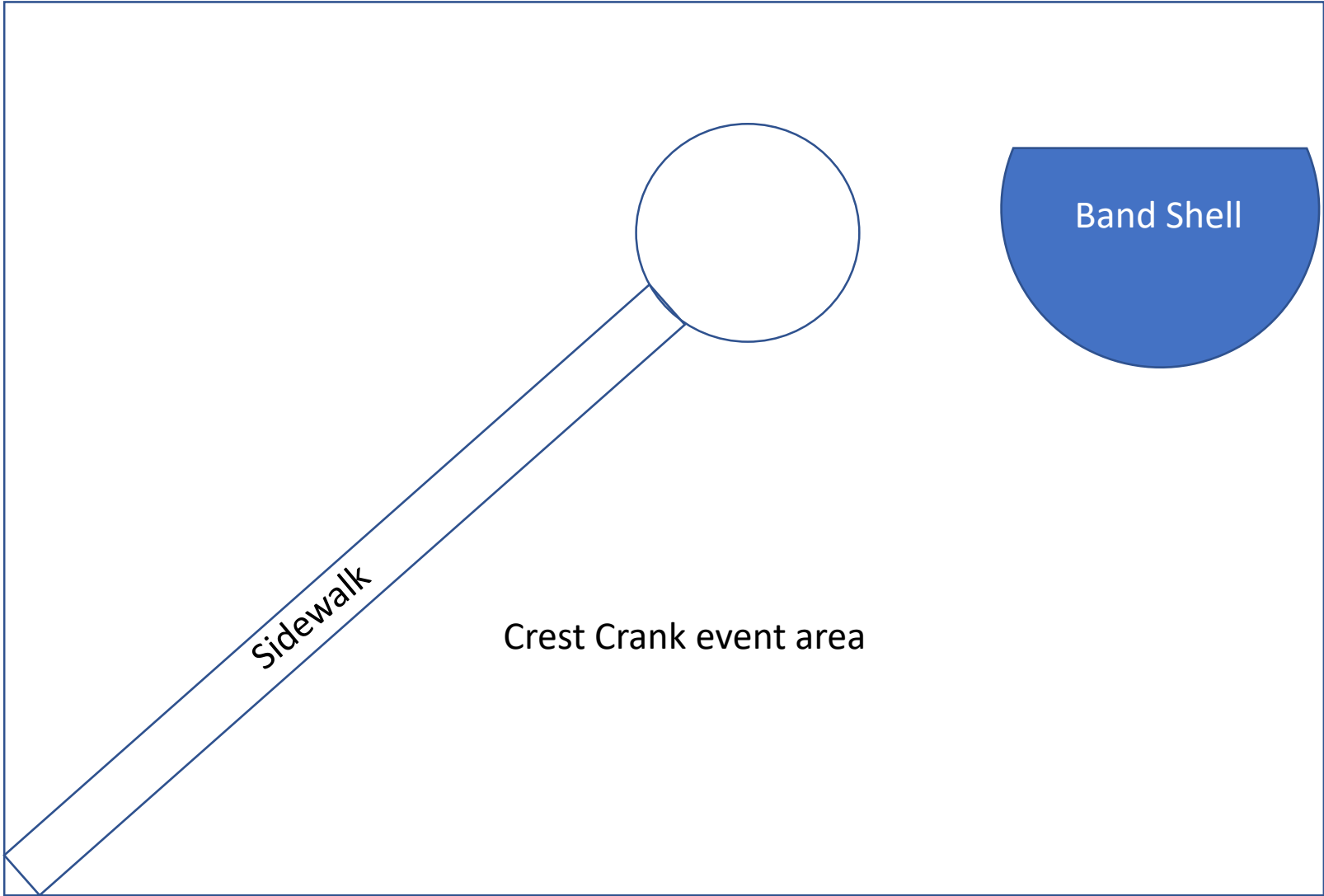
If we may be of further assistance, please call the telephone number listed above or write to us at the address in the letterhead, Mail Code 4940 DAL.

Sincerely,

Ms. Rivera

Ms. Rivera
EO Contact Representative
Badge Number 75-06076

Arkansas River



F St

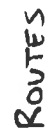
Band Shell

Sidewalk

Crest Crank event area

Sackett Street

AADA Crest Crank (SAL940)





USFS Permit Application - Trail Description – AADA Monarch Crest Crank

Trail: Monarch Crest Trail

Rating: Intermediate-Advanced

Distance: Approximately 20 Miles

Time: 3-5 Hours

Elevation: Starting at 11,315 feet, the high point is 11,960.

Total climbing is about 1,000 feet and total descent is more than that!

Trails: 12 miles of single-track, 8 miles of 4wd and graded dirt roads.

Overall Description:

Our ride is from the Monarch Pass Summit, along the Monarch Crest Trail to the top of Marshall Pass. From Marshall Pass, advanced riders will descend the Silver Creek Trail and less advanced riders will descend Marshall Pass road.

The ride will officially end at the Shirley Site parking area where shuttle vehicles will pick up riders and bikes and take them back to downtown Salida.

Trail Specifics: From the Monarch Tram parking lot, start up the one-lane dirt road east of the gondola tower. Look for the start of the single track on the right on Forest Service Trail 531, approximately 0.3 miles up this hill. Several signs at the start indicate mileage to Marshall Pass and to several other points along the route. Another sign notes the Continental Divide Trail. Similar markers will be present along the remainder of the trail, all the way to Marshall Pass. Follow the single track for 0.7 miles to the power line and continue up the 4wd road, going almost straight south. This section gains 230 feet in 0.7 miles.

After two switchbacks, continue uphill to the trees and make a right turn onto the trail. Signs posted at this point indicate "Marshall Pass 9 miles" and there is a Continental Divide Trail marker. Congratulations! At this point you have climbed approximately a quarter of the total elevation, and have ridden a short section of the single track.

The rest of the single track is as difficult, or more difficult, for short sections. The next 8.7 miles are single track, which will climb initially (300 feet in 1.5 miles) to gain the ridge crest. Continue along the crest, skirting high points on their southwest aspects. This section is exposed, so avoid thunderstorms.

Four miles after regaining single track, join the Colorado Trail as it comes up South Foosees Creek drainage and continue east. In another mile the ridge breaks, resulting in a 400-foot descent in slightly more than a mile. Look for a shelter hut on the left after completing the descent.

A 200-foot climb in 0.8 miles is the last major climb of the ride. Cross Agate Creek Trail in 0.2 miles after finishing the climb and continue through the trees. Watch for a short section crossing a talus field. Many will want to walk their bikes through this stretch. The single track ends three miles from the shelter house. Continue on the 4wd road (CR 234.2G) that descends rapidly to the Marshall Pass trailhead with 600 feet in 1.5 miles. This trailhead is marked with several signs – one showing distance to Monarch Pass. Look for a Crest Crank first-aid/water station here.

From here the descent will be made down either the Silver Creek Trail (advanced) or the Marshall Pass Road to County Road 200. Silver Creek is steep, rugged and narrow. Shortly after reaching County Road 200, look for a parking area on the right called Shirley Site. This is where you will catch the shuttle to your vehicle. If riding down Marshall Pass, turn right when you hit CR 200 and continue a short distance to the Shirley Site parking area where you will get the shuttle to Salida.

You are riding at your own risk – please do not continue riding down the highway at this point as the ride officially ends here.

AMPLIFIED SOUND PERMIT

Please fill out form completely, sign and date prior to submission.

Pursuant to Article IX Section 10-9-80 S.M.C., The Alliance (Permittee) has been granted this permit to exceed the maximum sound levels established in Article IX Section 10-9-80, S.M.C., in accordance with the following terms and conditions:

Permittee: The Alliance Against Domestic Abuse, DBA The Alliance

Address: 627 Oak St., Salida, CO 81021

Telephone: 719-539-7347

Individual supervising sound (if different from Permittee): _____

Activity/event: Crest Crank fundraising event

Type of sound amplification equipment authorized (if any): _____
band speakers

Location: Riverside Park

Date(s): Sept. 19, 2021

Hours of operation: 11:00 am - 4:00 pm

Additional terms/conditions (attach additional sheets if necessary): _____

Expiration: _____

This permit will not be issued beyond 10:00 p.m.

The Permittee shall ensure that the sound/activity authorized by this permit shall be conducted in compliance with all applicable City ordinances and regulations, and a failure by the Permittee to do so, or to comply with all terms and conditions set forth hereinabove, may result in the summary revocation of this permit.

Accepted and agreed to by the Permittee: Becki Rupp for The Alliance

Date: 3/30/2021

Approved by the City Administrator on the ____ day of _____.

City of Salida: _____ (City Administrator)

Copies to: Police ____ Public Works ____ Fire ____ City Clerk ____ City Zoning ____

January, 2009 Amplified Sound Permit