

To Salida City Council,

I am writing to request permission for a special event in Salida. Heart of the Rockies Disc Golf will be hosting a 2 day PDGA sanctioned disc golf tournament at the HotRDG course at SARSA on October 14-15, the first annual HotRDG Classic. We are capping the field at 120 players, but are only expecting between 50-75 at this point. Depending on the size of the field, we will either do tee times starting around 9am, or we will start everyone at the same time (shotgun start) at 10am both days. Following the 2nd round on Sunday, we will be presenting awards near the first tee. Everything should be complete and torn down by 6pm on Sunday Oct 15.

Thank you,  
Craig Schuchman  
Tournament Director

My name is Craig Schuchman with Heart of the Rockies Disc golf club and I am here to discuss our plans to host the first annual HotRDG Classic. HotRDGC is a 501c3 non profit that was created to help raise funds and manage volunteers to build and maintain the HotRDG course in Salida.

We are planning on hosting a 2 day tournament here the weekend of Oct 14-15. This tournament will be sanctioned by the PDGA (professional disc golf association), which is the governing body for the sport of disc golf and has over 200,000 members. Our tournament is open to players of all ages and ability levels, and we have the capacity to host up to 120 players. However, sign up is a bit slow so far and at this point we're hoping to get 50-60. This event is open to Professionals and Amateurs alike, entry fees are \$80 for pros and \$50 for Ams. All amateur players will receive a players pack that will include custom stamped discs from a Colorado based disc manufacturer that we work with - Discmania, as well as items from local businesses.

Players will play one round each day on Sat and Sun, and we will be hosting a players party on Saturday evening. Depending on the amount of players, we will either run tee times both days or do a shotgun start. We will award prizes and hold a raffle after play is complete on Sunday. We anticipate having everything wrapped up by 6pm on Sunday.

Trash/portopotty plan-

We will provide at least 2 trash cans- 1 near the first tee/staging area and 1 between holes 9 and 10. If we have more than 100 people, we will add another. We will remove all trash at the conclusion of play each day.

We will rent the appropriate amount of port-o-pottys depending on the amount of players, and will utilize the same locations as the trash cans.

**Trash plan:**

For the HotRDG classic, we have requested 3 additional trash cans from the city in the application, in addition to the 2 permanent trash cans that are already there. We will also have spare trash bags if any of them fill up. We are happy to dispose of any full bags afterwards if that is what the city requires.

**Port-o-potty plan:**

We will order 2 port-o-potties for the tournament (3 if we have more than 100 players), and place one near the first tee and one near the path going from hole #9 to hole #10. If we need the additional one, we would place it near the first tee also.

Site layout:

Green circle = Entrance/exit

Blue X = Trash can

Red X = Port-o-potty



## View results

Respondent

36

Anonymous

12:18

Time to complete

### 1. Event Name \*

HotRDG Classic

### 2. Event Contact Name \*

Craig Schuchman

### 3. Event Contact Email Address \*

cschuchman@gmail.com

### 4. Event Contact Phone Number \*

9703313294

### 5. If you are requesting on behalf of an organization, is it a nonprofit (501c3)? \*

☒ Yes

☐ No

☐ N/A

### 6. If you have rented a park or registered for a program with Salida Parks & Rec, please indicate the name of the account in our software system (SmartRec/Amilia). \*

Not sure!

### 7. Event Location \*

HotRDG Disc Golf course at SARSA/ Vandaveer ranch

8. Event Start Date \*

10/14/2023

9. Event Start Time \*

8:00 am

10. Event End Date \*

10/15/2023

11. Event End Time \*

6:00 pm

12. Estimated Number of People in Attendance \*

1 additional trash can and portalet are required for every 50 people. Existing trash cans and restroom do NOT apply.

120

13. What Portalet service will you be using? \*

3 additional would be great!

14. What trash service will you be using? \*

This question is required.

15. Please provide a short description of the event \*

This will be a 2 day disc golf tournament open to pros and amateurs, and will be sanctioned by the PDGA (professional disc golf association)

16. Will food or merchandise be available from any vendor? \*

☐ Yes

☒ No

☐ Maybe

17. If yes, then food and sale tax licenses must be obtained and possibly a multi-vendor permit. 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.

Multiple Vendor Permit Application:

[https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/multiple\\_vendor\\_permit.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/multiple_vendor_permit.pdf)

Chaffee County Public Health form:

<https://www.chaffeecounty.org/EndUserFiles/57096.pdf>

18. Will alcohol be sold or distributed at your event? \*

☐ Yes

☒ No

☐ Maybe

19. If yes, please fill out the Application for Special Events Liquor License (available at the link below) and submit it along with the necessary fees. A State of Colorado Special Event Liquor License permit is ONLY issued to incorporated nonprofit organizations. EVENTS REQUIRING ALCOHOL LICENSES MUST SUBMIT THEIR APPLICATION AT LEAST 90 DAYS IN ADVANCE OF THE EVENT.  
[https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/5\\_special\\_events\\_liquor\\_license\\_application.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/5_special_events_liquor_license_application.pdf)

20. Will there be amplified sound at your event \*

☐ Yes

☒ No

☐ Maybe

21. If yes, complete the Amplified Sound Permit Application available at the following link:

[https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/noise\\_permit\\_application\\_-\\_salida\\_02-15-2022\\_2.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/noise_permit_application_-_salida_02-15-2022_2.pdf)

22. Are any streets, sidewalks, or other right-of-way closures required for your event? \*

☐ Yes

☒ No

☐ Maybe

23. If yes, it is your responsibility to circulate and submit a petition signed by abutting residents/merchants as to their support or non-support of the closure. Click on the following link to access the petition form:

[https://www.cityofsalida.com/sites/default/files/fileattachments/parks\\_and\\_recreation/page/10061/street\\_closure\\_petition.pdf](https://www.cityofsalida.com/sites/default/files/fileattachments/parks_and_recreation/page/10061/street_closure_petition.pdf)

If yes, please describe the closure request.

24. Will you require any security or law enforcement services specific to your event? \*

☐ Yes

☒ No

☐ Maybe

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

26. If additional City of Salida Police Officers are requested, they must be requested directly through the Salida Police Department (719-539-6880).

27. Where will people park for your event? \*

We will open the gates off of CR 104 and park people along the dirt road there by the 1st tee

28. Is the Emergency Action Plan included in your application packet? \*

☒ Yes

☐ No

29. Have you obtained insurance for your event that lists the City of Salida as additionally insured? \*

☐ Yes

☒ No

30. Please check that you understand and will adhere to the following requirements: \*

- ☒ Any violation of the City of Salida Municipal Code or agreements made in the application process are grounds for denial of the Special Events permit in the future.
- ☒ You will be required to have insurance and name the City of Salida as an additionally insured party. Because this is often a lengthy process, the City will accept and approve applications pending receipt of proof of insurance.
- ☒ Applicants are also responsible for meeting any other agency requirements. For example, if you are serving food, you must meet all Health Department requirements.
- ☒ Chaffee County Department of Health requires at least one restroom for every fifty people attending the event.
- ☒ 1 trash can per 50 people is required.
- ☒ The event is responsible for emptying ALL trash within the event, including pre-existing city trash cans.
- ☒ All clean up must be completed within 24 hours after the event concludes. If the City of Salida staff has to clean up after the event, a fee will be billed to the organizer.

31. Digital Signature: \*

Craig Schuchman





## City of Salida

### Special Event Emergency Action Plan

I, the undersigned, agree to comply with the following Emergency Action Plan to the best of my ability. The first person on this list will be the designated Emergency Manager and will take responsibility for public addresses and instruction to the event participants.

**Emergency Manager:** Craig Schuchman

Phone: 970.331.3294

Email: cschuchman@gmail.com

Signature: \_\_\_\_\_

**Emergency Alternate 1:** Daryl Huschka

Phone: 719.221.8875

Email: darylhuschka@gmail.com

Signature: \_\_\_\_\_

**Emergency Alternate 2:** Jesse Bowers

Phone: 719.207.3396

Email: jesse.r.bowers@gmail.com

Signature: \_\_\_\_\_

**Please complete the following template according to your Events plan and location. The following procedures should be followed in the event of an emergency.**

#### Communications

1. The Emergency Manager or an alternate will communicate the designated evacuation space to participants at the beginning of the event.
2. This will be communicated to the event participants in an emergency with a:
  - ☐ Bull Horn
  - ☐ PA System
  - ☒ Emergency level voice

#### Fire

1. Call 911.
2. Assist injured or disabled personnel.
3. Evacuate the building. Activate emergency shutoffs if available.
4. Attempt to use a fire extinguisher only if you have been trained.
5. Evacuate participants to: Parking Area.

### Medical Emergency

1. Identify the medical emergency.
  2. If life threatening, call 911.
  3. Administer first aid if properly trained.
  4. Evacuate the injured person to: Parking Area, then to hospital or call ambulance
- 

### Violent Incident

1. Call 911
  2. Attempt to avoid the situation – move participants away.
  3. Try to deny contact and evacuate to: Parking Area  
lock/block doors, turn off lights, silence phones.
  4. If necessary, defend – distract, attack, subdue.
- 

### Severe Weather

1. Move participants away from threat if possible.
  2. Evacuate to: Parking Area and into vehicles
  3. Call 911.
- 

### Urgent Situation (suspicious person, package, activity, or bomb threat)

1. Call 911.
2. State who, what, where, when, why, and how the situation occurred.
3. If bomb threat, turn off all electronics.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/01/2023

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).

<b>PRODUCER</b> Montgomery Insurance Services Inc. 330 West State Street  Media PA 19063	<b>CONTACT NAME:</b> Kimberly Kennedy, CIC, CISR <b>PHONE (A/C, No, Ext):</b> (610) 565-8280 <b>FAX (A/C, No):</b> (610) 565-9685 <b>E-MAIL ADDRESS:</b> kkennedy@montgomeryinsurance.com
<b>INSURED</b> Professional Disc Golf Association 3828 Dogwood Lane  Appling GA 30802	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> Property & Casualty Insurance Company of Hartford <b>INSURER C:</b> United States Fire Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 18058 34690 21113

**COVERAGES****CERTIFICATE NUMBER:** '23 Master**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Includes Athletic Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2498659	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB844249	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	39WECAO1126	09/06/2022	09/06/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Accident Coverage			US1674456	01/01/2023	01/01/2024	Accidental Death \$10,000 Max Medical Benefit \$25,000

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

10/14/23-10/15/23 HotRDG Classic; Salida; CO; Certificate holder is included as an Additional Insured with respect to General Liability and Umbrella Liability, subject to the terms and conditions of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of Salida  
448 E. First Street, Suite 112

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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Heart of the Rockies Disc Golf Club 12060 S Coyote Valley Rd  Salida CO 81201-1849	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

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