

7-1-2009244



# COUNTY OF EL DORADO CHIEF ADMINISTRATIVE OFFICE – PARKS DIVISION

330 Fair Lane, Bldg A  
Placerville, CA 95667  
Phone (530) 621-5360  
FAX (530) 642-0301

## APPLICATION FOR PARK FACILITY RENTAL

(Choose one) Park	Choose a Park <i>n/a</i>	(Choose one) Facility	Choose a Facility <i>El Dorado Trail</i>	Request Date:	<i>6.17.14</i>
APPLICANT			ORGANIZATION		
Name: Sugarloaf Station Foundation			Organization: Sugarloaf Station Foundation		Contact: Coleen Johnson
Address: 6767 Green Valley Road			Address: same		
City: Placerville	State: CA	Zip: 95667	City:	State:	Zip:
Phone: 295-2219	Email: <i>cjohnson@edcoe.org</i>		Phone:	Email:	
Season Start Date:	End Date: <i>4/18/2015</i>	Start Time: 6:00 am	End Time: 1:00 pm		
Planned Activity: Sugarloaf Stampede			Estimated Daily Attendance: 200		Fee Charged:

### Application must include:

- Application Fee \$20
- Certificate of Insurance and Additional Insured Endorsement or Special Event Insurance Certificate, which can be purchased through County Risk Management Office (530) 621-5510
- Refundable Deposit
- Rental Fees (Parking fees are not included at Henningsen Lotus Park and must be paid upon entering the park)
- Written Outline of Activity (for multi-day events or groups greater than 50)

### Agreement to Hold Harmless:

Permittee agrees to indemnify the County, its officers, agents and employees and hold them harmless from and against all loss, damage, expenses and liability resulting from injury to or death of any person and loss of or damage to property or claims of such injury, death, loss or damage, and arising out of or connected with the use of the permitted facilities by permittee. In addition, permittee waives all claims or causes of action against the County, its officers, agents or employees for damage to or loss of property of any kind or for injury to persons occurring in or upon the permitted facilities arising from any cause other than the negligence or willful misconduct of the County, its officers, agents or upon the permitted facilities arising from any cause other than the negligence or willful misconduct of the County, its officers, agents or employees and to which the permittee or his agent in no way contributed, either actively or passively, causing such damage, loss or injury.

Applicant Signature <i>Kyle P. Helmes</i>	Date <i>6/16/14</i>
Print Name <i>Kyle P. Helmes</i>	Title <i>President</i>
Upon Approval, Refundable Deposit to be returned to:	<input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Organization

### Office Use

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied (Provide Reason):	Date Approved: <i>8/20/14</i>	Approved/Denied By: <i>Alanna Chell</i>
Fee Paid (\$): <i>20.00 App Fee</i>	Deposit Paid (\$): <i>—</i>	Invoice No. <i>IN 0085721</i>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied/Partial (Provide Reason):	Approved/Denied By:	Refund Amount (\$):
			Date to Fiscal:

## ADDENDUM TO TRAIL PERMIT USE APPLICATION – County of El Dorado

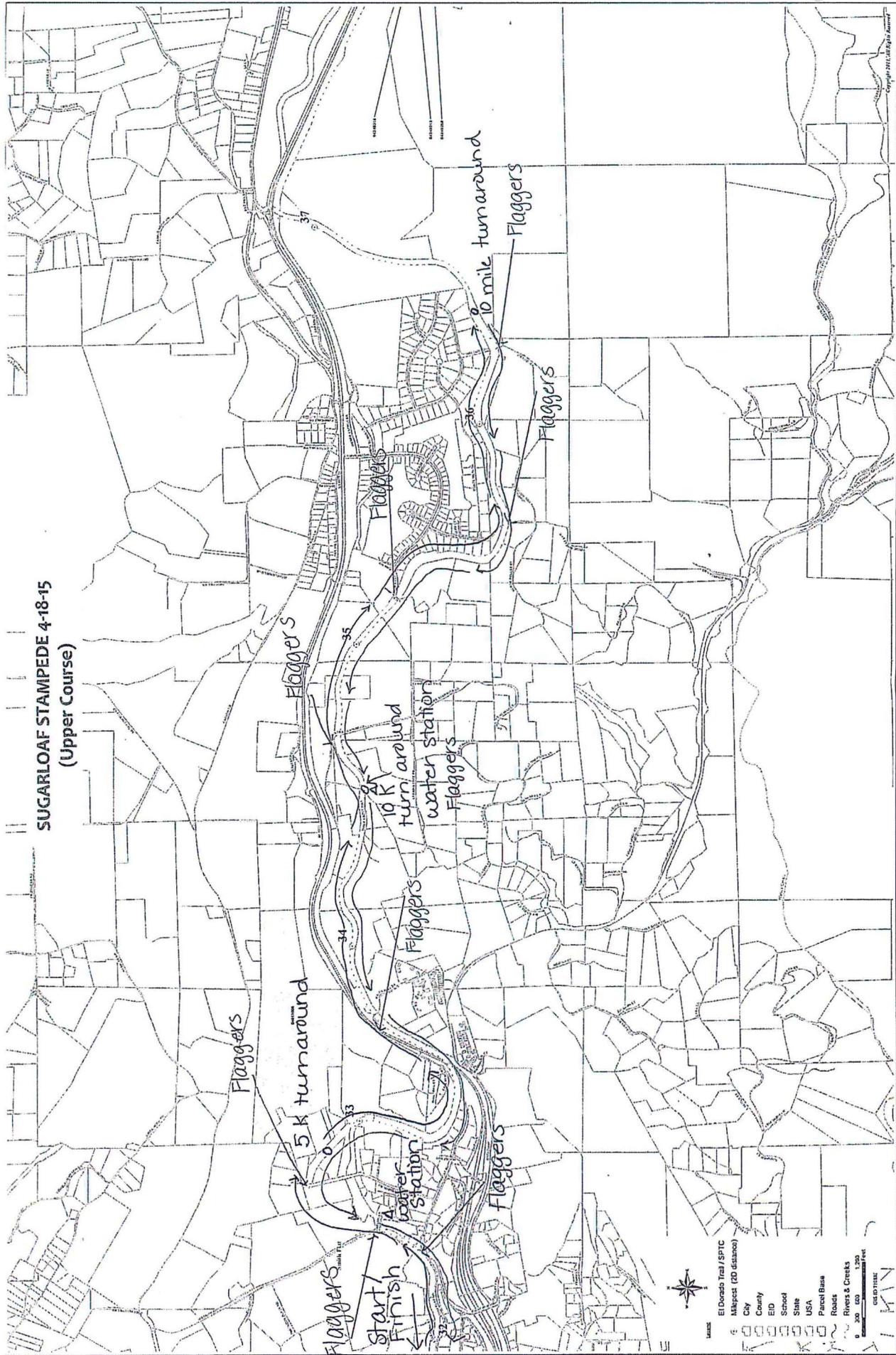
This running event is a fundraiser for Sugarloaf Station Foundation. The event will consist of three course lengths: 5K, 10K, and 10 miles on the Eastern section of the El Dorado Trail beginning on the section of trail from Schnell School up through the Jacquier Road (Camellia Lane) trailhead and 3.5 miles beyond the trailhead. We will use the Schnell School parking lot and field for hosting the event. Appropriate facility use permits will be file with the Placerville Union School District. We plan on 350 runners.

1. For the sake of safety, we are requesting a trail closure.
2. The Camellia Lane parking lot will remain open.
3. All runners will begin on the section of the El Dorado Trail below Schnell School (permit will be filed with the City of Placerville). Runners will run East up through Jacquier Road. The return route will be the same, only in reverse.
4. We are requesting a road closure of Jacquier Road for the event.
5. Flaggers will be located at each intersection, including intersecting roads along the trail:
  - a. Camellia Lane/Jacquier Road
  - b. Jacquier Road/Smith Flat Road
  - c. Parkway Drive
  - d. Walk About Way (off Still Meadows)
  - e. Still Meadows
  - f. Los Trampas Drive
  - g. Verde Robles Dr.
  - h. Halcon/Paloma Road
6. Additional volunteers will be located along the trail route: at the 1.5 mile point (turn around for 5K runners); at the 3 mile point (turn around for 10k runners); and at the turn around point for 10 mile runners (Halcon Road).
7. A water station will be located at the Camellia Lane trailhead.

- 8. A second water station will be located at the intersection of the trail at Walkabout Way (the 10K turnaround).
- 9. Event organizers will provide trash receptacles and will be responsible for disposal.
- 10. Event organizers will provide four additional portable restroom facilities at Schnell School.

Please feel free to contact Coleen Johnson at (530) 295-2219 if you have any questions.

**SUGARLOAF STAMPEDE 4-18-15  
(Upper Course)**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/20/2014**PRODUCER**East Main Street Insurance Services, Inc.  
Will Maddux  
PO Box 1298  
Grass Valley, CA 95945  
Phone: (530) 477-6521 Email: info@theeventhelper.com**THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.****INSURERS AFFORDING COVERAGE****NAIC #**INSURER A: Essex Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

39020

**INSURED**Sugarloaf Station Foundation Holmes  
6767 Green Valley Road  
Placerville, CA 95667**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	Y	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	3DS5402-M671538	04/18/2015	04/19/2015	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE	\$ 2,000,000
		MED EXP (Any one person)				\$ 5,000	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident)	\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				PROPERTY DAMAGE (Per accident)	\$
		<b>OTHER</b>				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC AUTO ONLY: AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
						WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.**CERTIFICATE HOLDER**County of El Dorado  
Chief Administrative Office, Parks Div.  
330 Fair Lane Bldg A  
Placerville, CA 95667**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER ~~WILL ENDEAVOR TO MAIL~~ 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

*Will Maddux*

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
The County of El Dorado, its officers, officials, employees and volunteers.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.