Section I - Contact Information

Host Organization/Group/Person:

NOTE: Please complete the entire application by providing information in all fields. You may mark areas that do not apply with an "N/A." Incomplete applications cannot be accepted.

This is the organ required proof	nization/group/person according insurance.	epting all responsibility for the event and providing the
Organization/G Utah High School Cycli	roup/Person Name:	n and the section of the contract of the contr
Type of Organiz	ation: (Corporation (コ) LLC (図) Non-Profit (ロ) Other
Mailing Address 758 S. Auto Mal	s: Il Dr. #3 American Fork, Ut 8	41003
Physical Addres	ss (If different):	t tologo, tury scene, uses in limit essen od sceni
Primary Phone	Number: (801)900-0732	Fax Number: ()
Website Addre	ss: http://utahmtb.org	9 special freet Code person en 19
Event Organiz The event orga available for al Name & Title:	Inizer is the person represe I questions prior to, during Cortney Thurgood Region 3 Race	ce Director
Mail Address:	758 S. Auto Mall Dr., #3 America	an Fork Ut, 84003
Primary Phone	Number: <u>(</u> 801)900-0732	Cell Phone Number: ()
Fax Number: ()	Email Address: cortney@utahmtb.org
day of the eve	nation for the person who nt if different than the eve	
Name & Title:	Cortney Thurgood (801)900-0732	2 & Kristine Peterson (801)360-5393
Mailing Addre	SS: 758 S. Auto Mall Dr., #3 Amer	rican Fork Ut, 84003
Primary Phone	e Number: <u>(8019</u> p0-0732	Email Address: cortney@utahmtb.org
		— Page 4 —
and the second s		0

Section II - Event Information

If an event includes activities that occur v	vithin	the boundary of ar	n adjac	ent city,	the ev	rent
organizer must coordinate with the adjac	ent c	ity to ensure that a	similar	Special	Event	
application process IS or IS NOT required	by th	e adjacent city.				
Event Name: Utah High School Cycling League		St. Wild. Edition will	190.			
				D 0/00	000 40	
Location and Type of Event: Snowbasin Reso	rt- Reg	ion 3 Race 9/2/2023 #2,	Region 1	Race 9/92	023 #2	- Tues
Road () Trail () Combina	tion () Other ()	assertions to	and the later	
The second second second second		C. L. and side in 7th	10th area	doe This		
Event Description: Interscholastic mountain bil	e race	for boys and girls in 7th-	for ckill-h	ased racing	1	April 10 miles
is a cross-country race event for beginner, intermedia						ful
Students will be aligned with the appropriate group be						
on the the course. We have approximately 7 waves a						
is conducted at the end of the day to award the top fire	nishers	. See attached document	for more	informatio	n about	our events.
		(e100) p. 500	errie z			
Is this an annual event? (☑) Yes (□	a) No	Organica de la compansión de la compansi				
Is this a multi-day event? (□) Yes (□	a) No	If yes, how many o	days?	Test of the second	3 4 4 (9 8	per cate
Is there an admission fee? (□) Yes (□	1) No	If yes, provide adn	nission	fee. \$		Maryla offi
What is the anticipated attendance?	Ove	erall: 1200 / 1600 Participant/Spectator		Daily: _1		/ 1600 ctator&Staff
Previous year's attendance (if applicable)	: Ove	Participant/Spectator	r&Staff	Daily: 1		/1500 ctator&Staff
Event Setup & Tear Down:						
How many days will event require to: Set	un 1	Tear Do	wn 1			
now many days will event require to. See	up	1001 00	825,140		CHE	
Event Setup Date: Friday		Event Setup Time:	7:00 AN	to	4:00 P	M
(Day of the Week) (I	Date)		1	AM/PM		AM/PM
Event Start Date: Saturday		Event Start Time:	6:00 AM			
	Date)	distribution of				AM/PM
Front End Data: Saturday		Event End Time:	6:30PM			
Event End Date: Saturday (Day of the Week) (Day of the Week)	Date)	Event Liid Time.				AM/PM
(Day of the week)	2007					/
vent Tear Down Date: Saturday		Event Tear Down	Time:	5:00 pm	_ to 9:	00 pm
	Date)		1	AM/PM		AM/PM
	D.	F				

Section IV - Catering/Food & Beverage

Weber-Morgan Health Department Coordination/Permits:

The event organizer must coordinate with the Health Department's Environmental Health Services Office when food and/or beverages will be sold or provided. For more information call 801.399.7160 or email: envhealth@co.weber.ut.us.

Weber-Morgan Environmental Health 477 23rd Street, Suite 200 Ogden, Utah 84401

Food and Beverage Information:

Please mark which one applies:

- (□) Food and/or beverages WILL NOT be sold or provided at event.
- (☑) Food and/or beverages WILL be sold or provided at event.

Describe food type and service method: Snowbasin Resort

Food Service Vendor List:

In addition to possessing temporary food permits appropriately issued by the Health Department, all food vendors must possess a valid business license issued by Weber County or the jurisdiction where the vendor's business is based. For more information go to: http://www.webercountyutah.gov/Engineering/business.php

1. Snowbasin Resort	10. Snowbasin Resort
2. Snowbasin Resort	11. Snowbasin Resort
3. Snowbasin Resort	12. Snowbasin Resort
4. Snowbasin Resort	13. Snowbasin Resort
5. Snowbasin Resort	14. Snowbasin Resort
6. Snowbasin Resort	15. Snowbasin Resort
7. Snowbasin Resort	16. Snowbasin Resort
8. Snowbasin Resort	17. Snowbasin Resort
9. Snowbasin Resort	18. Snowbasin Resort

Alcoholic Beverages:

If alcoholic beverages will be sold at the event, a separate application requesting "local consent" must be submitted to the Weber County Public Works Office located in the Weber Center, Suite #240, 2380 Washington Blvd., Ogden, Utah. 84401. The application requesting local consent must be submitted concurrently with or prior to making application for a Special Event.

Please mark which one applies:

- (☑) Alcoholic beverages WILLL NOT be sold or provided at event.
- (□) Alcoholic beverages WILL be sold or provided at event.

Describe alcohol type and service method:

Section V - Sanitation & Trash Removal

Restroom and Hand-Washing Station Information:
Some events will require the presence of portable restrooms and hand-washing stations. The number of these facilities is based on event type and attendance. Compliance with the
number of these facilities is based on event type and attendance. Americans with Disabilities Act (ADA) is required.
Americans with Disabilities Act (ADA) is required.
For information related to the required number/type of facilities, contact the Health
Department's Environmental Health Services Office as describe above in Section 17. Restroom
and hand-washing station information must be illustrated on event site plan/map submitted
with the Special Event application.
Will event organizer provide portable restroom facilities? (☑) Yes (□) No
Will event organizer provide portable restroom facilities? (□) Yes (□) No If yes, please provide rental company information and contact person below:
ir yes, please provide rental company information and contact personal
Company Name: Waste & Water Logistics
E145 US 6 Holper Litch 84526
Address: 5145 US-6 Helper, Utah 84526
NA
Contract Number: NA
Contact Person/Email Address: Jesse McCourt Jesse@igotpoop.com
Phone Number: (435) 636-5411- Cell Fax Number: (435) 636-5411- Cell
the trade of the same of the s
Trash Removal:
Trash removal includes, but is not limited to, emptying trash bins and removing all litter and
debris from the event site and other affected areas. Please provide the following information
for those responsible for trash removal.
How will event organizer provide trash removal? (□) Event Staff (□) Contract
Please provide staff member or company information below:
Staff Member/Company Name: Same As Above
Address:
and the control of th
Contract Number:
Contact Person Name/Email Address:
Phone Number: (435) 636-5411- Cell Fax Number: (435) 636-5411- Cell

<u>Section VI – Venue, Structures & Equipment</u>

When a Special Event is held facility manager to coordinat the execution of an agreeme organizer must ensure that the event taking place.	e a schedule and deter nt for use of the facility	mine whether or not . If an agreement is n	the event will require ecessary, the event
If an event is held on public, or proof that permission has be		property, the event o	rganizer must provide
Will the event take place at a	Weber County park?	(□) Yes	(☑) No
Venue Name or General Loca	tion if Not Properly Na	med: Snowbasin Resort	
Venue Address: 3925 Snowbasin	n Road, Huntsville, Ut 84317		
Venue Description and Specif	ic Locations within Ven	ue: See Attachment	and sparing state of the
Note: Please attach site plan Structures and Equipment When a Special Event uses te the event organizer to coordi It may also be necessary for t impacts neighboring properti	: mporary structures and nate with the Weber Co he event organizer to a	certain equipment it ounty Building Official	may be necessary for and Fire Marshal.
Please mark all that apply:			
(☑) Amplified Speakers	(回) Generator(s)	(□) Bleachers	(□) Stage
(☑) Tents/Sun Canopy	(□) Start/Finish Line	Structure	(☑) Fencing
(□) Playground Equipment Snowbasin Resort	(□) Other (Please De	escribe)	Caseuron securi
Note: Please show and dimer	nsion all structures on t	he Special Event site	plan/map.

Section VII - Parking & Shuttle Service

Parking Information/Plan:	The state of the s
Describe the overall public parking p	olan, including specific information about each parking area,
and provide a count for parking space	ces in each:
Management of the Committee of the Commi	Control Contro
A SECTION OF STREET AND A SECTION OF STREET	
On-site parking will be used at the resort. Park	ing details are communicated to attendees prior to the race.
We have a well laid out plan for our events, which will	be carried out by our parking managers, who will assist in guiding cars into their appropriate
parking spots. A-frame instructional board, cones, to	ape and delineators will be used to assist in guiding and clearly marking parking spots.
65 (S) (S) (S)	A STATE OF THE PARTY OF THE PAR
Note: Please show all parking areas	s, including ADA accessible spaces on the Special Event site
plan/map.	No. 1 1991 (1952)
Shuttle Information:	
Will shuttle service be provided from	n a parking area to the event site?
(☑) No (□) Yes, provided by event s	staff. (☑) Yes, provided by professional shuttle service.
If yes, describe the shuttle plan and	provide contact information below:
A Company of the second	the state of the s
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	Transport of the Indian
TO THE RESERVE TO THE PROPERTY OF	William the constitute parameters and the constitution of
Note: Please show all pick-up and d	rop-off locations on the Special Event site plan/map.
Staff Member/Company Name: Snow	vbasin Resort
Address:	Please mark all that apply:
Contract Number:	(C) medical terms (C) medical terms (A)
1	
Contact Person/Email Address:	
Phone Number: ()	Fax Number: ()
dal Event une physikmap.	
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Section VIII - Security & Safety

Public Safety Services:

Phone Number: ()

The County, as part of an event approval, may impose conditions in order to protect public and private property, ensure the proper management of traffic, and reduce the possibility of a public safety resource shortage in the community.

The event organizer may request the use of the Weber County Sheriff's Office resources or the County may require the use of Sheriff's Office resources if the Special Event warrants a moderate to high level of police protection. A fee, in addition to the Special Event application fee, will be charged by the Sheriff's Office and the cost may be based on number of officers needed, type and quantity equipment required, event date, time, location, and length, anticipated traffic and weather conditions, estimated number of participants and spectators, and the nature, format, and configuration of the event.

The event organizer must contact the Weber County Sheriff's Office to coordinate the use of County resources and fees must be paid prior to the issuance of the special event permit.

For Weber County Sheriff's Office participation information visit, email, or call:

Weber County Sheriff's Office Sergeant Greenhalgh 1400 South Depot Drive (700 West) OR tgreenha@webercountyutah.gov Ogden, Utah 84404 801-778-6634 Please describe security plan and the coordination of law enforcement response: At our events, we have never had a need for outside security services. In the instance that we need to have emergency, we do have an emergency protocol and will contact the appropriate services if needed. Please see attachment for more information. Does event organizer request assistance from Weber County Sheriff Office? (□) Yes (□) No Does the event organizer propose the use of a private security company? (□) Yes (□) No If using a private security company, please provide company and contact person information below: Company Name: _ Address: Contract Number:_ Contact Person/Email Address:

Fax Number: (____)

Section IX - Emergency Services

Fire Prevention Plan:

All events are required to submit a fire prevention plan and be available to coordinate the review of the plan with the Weber Fire District if necessary. An additional fee may be charged for fire prevention services and equipment provided by the Weber Fire District.

Please describe any possibility of igniting a fire and the event's plan for preventing, mitigating, and suppressing a fire:

We do not allow open flames at any of our races. If using a grill, it must have an on/off switch and a fire extinguisher within 5 feet. we do use generators for: announcers, AV systems, Staging and start line AV systems, registration computer, timing system computers. Generators are placed in an area free of brush/grass with a fire extinguishers. Our 4 wheelers and side by sides all have spark arrestors intact &working. We directly work with the venue if the fire danger is high to make necessary adjustments.

Emergency Medical Plan:

All events are required to submit an emergency medical plan and be available to coordinate the review of the plan with the Weber Fire District if necessary. An additional fee may be charged for medical services and equipment provided by the Weber Fire District.

The level of medical service that is available at an event is dependent upon the size and type of event. The minimum plan for providing medical services for small events, with a low medical risk, may be the designation of an event staff member who can call 9-1-1 and is certified in CPR. Events that are larger and/or have a higher medical risk may be required to provide more services such as paramedic, ambulance, advanced life support, and on-site physician.

It is responsibility or the event organizer to ensure that all medical support personnel, whether paid or volunteer, are familiar with the Utah Health Code and have the appropriate licensing, certifications, and insurance to provide services at a Special Event.

Emergency medical plans should include but are not limited to:

- Name, contact number, and certification type/level for all medical services providers.
- Description of communication type/method.
- Description or illustration (on Special Event site plan/map) of first aid and/or other medical service or staging locations.
- Description or illustration (on Special Event site plan/map) of medical evacuation strategies and/or staging locations.

All Coaches are certified in CPR\BFA& WFA	ile loop) We use high grade Radios. We will also have 3-4 Roving Marshals out on the course
We have course marshals on course. (about 12 in a 4-6 m	ile loop) we use night grade Radios. We will also have 34 Totaling individual Section to Section
at all times. We hae a medical tent with privacy wa	ills if needed. For these events, we utilize Snowbasin Ski Patrollers as our EMTs
We also have 2 Medical First responder that are on b	ikes to assist an injured rider quickly. EMT's also have an All-terrain vehicles to get to
injured riders when necessary. We do have a first a	id tent at our races. Our Medical Coordinator works with the Chief Course Marsha
	vehicles must enter the race course to get a student in need. We also have 1-2
Volunteers in the first aid tent to assist with mind	or cuts and scrapes.
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	ppropriate level of medical services for an event, please
refer to the table on page 14.	
Medical Provider Information:	
	an antity other than a Waher Fire District resource, please
	an entity other than a Weber Fire District resource, please
provide the following information:	
Company Name: Snowbasin Resort	
	200,06004
Address:	1 108014
Contract Number:	31943
	\$ 900.01.000 \$
Contact Person/Email Address:	
the top conserve of a second of	The state of the s
Phone Number: <u>(</u>)	Fax Number: ()
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lansage) - Landala Teo California (Cal	0035
	individuals other than Weber Fire District personnel,
	ber(s), and certification type/level below: Certification Type/Level
Name Number We will have staff from Snowbasin. We don't have in	ndividual name yet. but could provide them once the resorts confirms on their end
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SECTION X - Event Signage Plan

Standards for Temporary Signs:

Temporary Special Event signs are permitted when meeting the standards found in the County's Land Use Code. Please illustrate the type, dimension, and location of all proposed signs on the event Site Plan/Map or submit a separate sheet serving as a signage plan.

The unincorporated County is divided into two planning areas. All of the unincorporated area of the County located westerly of the Mount Ogden ridgeline, except for the Ogden Canyon, is the Western Weber County Planning Area. All of the unincorporated area of the County located easterly of the Mount Ogden ridgeline, including the Ogden Canyon, is the Ogden Valley Planning Area.

For events taking place in the Western Weber County Planning Area, refer to Weber County Sign Code Section 110-1-3 (6) - Special Provisions.

https://library.municode.com/ut/weber county/codes/code of ordinances?nodeId=PTIILAUSC O TIT110SI CH1WEWESI S110-1-3SPPR

For events taking place in the Ogden Valley planning area, refer to Weber County Sign Code Section 110-2-11 - Temporary Sign Usage.

https://library.municode.com/ut/weber county/codes/code of ordinances?nodeId=PTIILAUSC O TIT110SI CH2OGVASI S110-2-11TESIUS

What date will event signs be displayed:

Setub Take Down	Setup	Take Down
-----------------	-------	-----------

Section XI - Proof of Insurance

Insurance:

The host organization and/or event organizer must submit a certificate of insurance, listing the County as an additional insured, on an occurrence policy issued by an insurance company authorized to do business in Utah, showing comprehensive general liability and property damage coverage in the minimum amount of:

- 1. \$1,000,000.00 for injury or death for one person in any one occurrence; and
- 2. \$3,000,000.00 for injury or death for two or more persons in any one occurrence; and
- 3. \$500,000.00 for property damage in any one occurrence.

Section XII - Miscellaneous

Animals

If animals will be present, food service canopies/tents/areas must be located at least fifty (50) feet away. The event organizer is required to provide hand-washing stations near animal attractions or enclosures.

Will there be any kind of animals at this event (i.e. petting zoo, pony rides, etc)? (□) Yes (□) No If yes, please illustrate the location of all animal attractions and enclosures on the Special Event site plan/map.

Page	
4 -	

Indemnification Agreement

Host organization and event organizer(s) agree to defend, indemnify, and hold harmless Weber County and its employees and volunteers from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including but not limited to, attorney fees, investigation costs, expert witness costs, etc.) arising out of the issuance of applicant's Special Event Permit regardless of where the injury, death, or damage may occur.

Host organization and event organizer further agree to provide and maintain, during the proposed special event, the appropriate comprehensive general liability insurance and property damage coverage in an amount required by Weber County Code.

Cortney Thurgood Print Name Cortney Thurgood Thurgood Thurgood Date: 2023.03.01 13:35:36-0700' Signature Region 3 Race Director Title 3/1/2023 Date

Applicant Agreement

Host organization and/or Event Organizer(s) agree that any false statement or material misrepresentation made in this application is cause for denial of a Special Event Permit.

Applicant also agrees that failure to comply with relevant codes, policies, procedures, and conditions, established by the County, is cause for revocation of the Special Event Permit.

Applicant further agrees that the Special Event Permit may be revoked, at any time, by any review agency for disregarding the safety and welfare of the public and willful destruction of property:

Cortney Thurood	Region 3 Race Director
Print Name Uses seemen and and the most see	and to Title to to young to 00,000,000,12 1
Cortney Thurgood Thurgood Date: 2023.03.01 13:36:17 -07'00'	3/1/2023
Signature	Date

Section III - Street Closure(s)

Temporary Street Closure:

The County requires that all temporary street closures (Soft/Intermittent access during event or Hard/No Access during event) be approved by the appropriate agency; for example, the Utah Department of Transportation (UDOT) is responsible for State Roads and the Weber County Engineer is responsible for County Roads. Any road closure requires written approval from the responsible agency.

UDOT Road(s):	(□) Yes	(☑) No	Street Name(s)/Location:	haga Thing could
County Road(s):	(□) Yes	(☑) No	Street Name(s)/Location:	TALE PURE
Closure Type:	(□) Soft	(□) Hard	Describe:	en a lineare
Closure Start Date:	(Day of the Week)		Closure Start Time:	AM/PM
Closure End Date: _	(Day of the Week)		Closure End Time:	AM/PM
Does the event have	e its own barricade	equipme	nt? (□) Yes (□) No	
Company Name:	e rental company i	90 1 Set	(□) Yes (□) No n and contact person below:	ne sols etapolist
Contract Number:		Cm	Prochamic gradual A	toy be town!
Contact Person/Ema	il Address:	Street A.M	lights had being the force that are	h y/ our super
Phone Number: (MAGES CONTINUE		x Number: ()	gulat in jos
			review agency requires the event on the dat least fourteen (14) days p	
raffic impacts and mi	tigation strategies.	It is sugge:	ide a Traffic Plan Element that desc sted that all traffic impact locations /map or attached as a separate illu	and
		Page 6		