

**ADDENDUM - D**  
**PARADE/BIKE RACE/WALK-RUN**  
 (Used for Vehicular or Pedestrian Parade when streets closed)

**(Site and/or Transportation Map Required – See Addendum F)**

~~ **\$25.00 Fee** ~~

*(Fee waived for Military and Funeral Services)*

<b>EVENT INFORMATION</b>	
Type of Event:	<input type="checkbox"/> PARADE <input type="checkbox"/> BIKE RACE <input type="checkbox"/> WALK/RUN
Name of Event:	
Staging Area/Starting Location of Event:	
Ending Location of Event:	
Formation Time of Event:	Start Time of Event:
Estimated Event End Time:	
Describe Type of Event and Purpose: _____	

<b>PROPOSED ROUTE</b>
Event Route: <b><i>If Downtown:</i></b> <input type="checkbox"/> Short Route <input type="checkbox"/> Long Route      (See Maps – Addendum F)
Event Route: <b><i>If elsewhere in town, complete information in this block and provide a map</i></b> _____ _____ _____
Approximate length of parade (in city blocks) _____

<b>ADDITIONAL INFORMATION</b>
Estimated No. of Participants:
Number & Type of Vehicles:
Number & Type of Animals:
Litter Control:
Sanitary Accommodations:
<b>The applicant is responsible for pick up, installation and return of barricades to City Public Works Fulton Shop, 425 NE Fulton Street. To make arrangements, contact Public Works at 541-492-6730.</b>

**INSURANCE**

Insurance will not be required for funeral processions.

Event applicant shall maintain in force for the duration of the event a Commercial General Liability insurance policy written on an occurrence basis with limits not less than \$2,000,000 per occurrence and \$4,000,000 in the aggregate for bodily injury or property damage. **If alcohol is being served, the insurance coverage shall include liquor liability.**

The following language must be included in the "Description of Operations/Location."

*"The City of Roseburg, its Officers, Agents and Employees are included as additional insured in regard to Liability arising out of the operations of the named insured per Policy Provisions in regard to the [Event Name] on [Date(s) of Event]."*

**CERTIFICATE HOLDER:**  
  
*City of Roseburg  
900 SE Douglas Ave  
Roseburg, OR 97470*

**HOLD HARMLESS**  
Applicant shall defend, indemnify and hold harmless, the City of Roseburg, its officials, employees and volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of or in connection with the Applicant's activity or event, including use of any premises, or from any activity, work or things done, permitted, or suffered by Applicant in connection with the applicant's activity or event, including use of any premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Roseburg.

Face Amount of Policy:

Policy Holder (s):

Additional Insured:

**SIGNATURE**

By signing and dating below, the applicant certifies that they understand and will comply with all of the requirements described in this application. Please note that we require a **minimum of 5 business days** to process the application. Incomplete or missing information will delay the review process.

Applicant's Name: (Please Print)

Date:

Applicant's Signature:

Phone Number:

**Payment must be submitted with application, payable to: City of Roseburg**

**Mailing Address: City of Roseburg, Administration, 900 SE Douglas Ave., Roseburg, OR 97470**

**APPROVALS**

POLICE CHIEF OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Conditions of Approval: \_\_\_\_\_

FIRE CHIEF OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Conditions of Approval: \_\_\_\_\_

PUBLIC WORKS DIRECTOR OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Conditions of Approval: \_\_\_\_\_

CITY MANAGER OR DESIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Conditions of Approval: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment Received: Amount: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_