

Pumpkinvine Nature Trail Event Registration Form

Please read the Pumpkinvine Nature Trail Event Guidelines before completing this form.

Title of event: _____

Event date: _____

Event Sponsor Organization/Agency: _____

Event Organizer/Contact Name: _____

Contact Address: _____

City/State/Zip: _____ Home phone: _____ Fax: _____

Work Phone: _____ Cell phone: _____

Email address _____ Website: _____

Type of event: Walkathon Bike Ride 5K Jog/Run
(Check all that apply) Dog Walk Marathon Other: _____

If the event is a fundraiser, what organization are you raising funds for? _____

Is there a registration or participation fee for this event? No Yes, how much? _____

Estimated number of participants: _____ Estimated number of staff/volunteers: _____

Set-up start time: _____ Event start time: _____ Event end time: _____ Clean-up end time: _____

What is your specific route on the trail? (See map under trail availability at www.pumpkinvine.org):

What trail heads/parking lots do you want to use? _____

What other park facilities do you want to use? _____

Have you notified the appropriate park agencies about rental fees/use of facilities? No Yes, whom have you contacted and which facilities will you be using? _____

Unauthorized motorized vehicles along the trail are not allowed due to the safety of ALL trail users. In some cases an exception may be made. Are you requesting permission to use motorized vehicles to unload/load equipment or supplies along the trail? No Yes, please describe: _____

Does your event plans include traffic control in parking lots or at intersections? No Yes, please describe what authorities have been contacted: _____

Please describe the security and emergency plans to be used during the event (for example, someone on bike with a first aid kit and cell phone?): _____

Describe any special equipment planned (canopies, tables, sound equipment, etc.) that you will provide (please note that PAC members, including the park departments, cannot provide equipment unless prior arrangements have been made): _____

Describe your use of signs and banners: _____

Will there be an amplified sound system used? No Yes, please describe: _____

Will food or beverages be served at the event? No Yes, please describe: _____

Will your organization be selling t-shirts or other items (Please remember no outside vendors)? No Yes, please describe: _____

Describe any activities, special needs, or requests not covered above: _____

Have you acquired all needed permits? No Yes, include copies of applicable permits with this registration

May the PAC members place your event on their websites? Yes No

To help promote your event, please include any promotional/advertising flyers, ads, public service announcements, posters, etc. to be used for the event.

Attached additional pages if needed to complete the registration.

I have read and agree to comply with the Pumpkinvine Nature Trail Event Guidelines. I understand that any advertising of this event prior to issuance of a Notice of Trail Use is at the risk of the Event Organizer.

Signature _____ Date _____

Name (please print) _____

Indemnification Statement

The undersigned represents, stipulates, contracts and agrees that the sponsor of the event permitted pursuant to this registration will jointly and severally indemnify and hold the City of Goshen, the Goshen Parks and Recreation Department, the Elkhart County Parks Department, the Town of Middlebury and the Town of Shipshewana harmless against liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the sponsor's activities authorized by the above agencies.

Printed Name: _____ Date: _____

Signature: _____
Signature of applicant who is authorized representative/agent
for the event sponsor/organization of the Event.

Return to:

Pumpkinvine Advisory Committee
C/O Friends of the Pumpkinvine Nature Trail
PO Box 392
Goshen, IN 46527

or email to friends@pumpkinvine.org

Note: Permission to hold an event may be withdrawn if the PAC determines that the event would have an adverse impact on the Trail environment due to unforeseen circumstances that arose after permission was granted.

Office Use Only	
Lead PAC Member for this Event: _____	
<input type="checkbox"/> Copies of Certificates of Liability Insurance Received Date Received: _____	<input type="checkbox"/> Signed Indemnification Statement
<input type="checkbox"/> Donation Amount: _____	