

## 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](http://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 Goshen Parks and Recreation  
524 E. Jackson St.  
Goshen, IN 46526

Or scan the signed registration form and email to [pumpkinvineevents@gmail.com](mailto:pumpkinvineevents@gmail.com)

*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: \_\_\_\_\_

Copies of Certificates of Liability Insurance Received     Signed Indemnification Statement

Date Received: \_\_\_\_\_

Donation Amount: \_\_\_\_\_