

SAN JUAN COUNTY

SPECIAL EVENTS PERMIT APPLICATION

2ND ANNUAL BENT ELBOW POKER RUN

AUGUST 20-22, 2021

**SAN JUAN COUNTY
SPECIAL EVENT PERMIT**

Name of Person, Group or Organization Requesting Special Use Permit: ~~Second~~ Second Annual

Bent Elbow Poker Run

Location of Special Event: Bent Elbow Parking Lot for Registration + Awards / San Juan Back Country
for Poker Run: 8/20/21 Registration Bent Elbow Parking Lot 8:00 am - 8:00 pm
8/21/21 Poker Run 8:00 am - 6:00 pm

Date and Times of Event: 8/22/21 Awards Bent Elbow Parking Lot 10:00 am - 12:00 pm

Nature or Type of Event: Poker Run - utilizing 4 wheel drive vehicles in the back country

Types and Amounts of Alcoholic Beverages to be Served: none

Provide Proof of Adequate Insurance Coverage for the Event: attached

State and Local Liquor License Required: Yes _____ No X

If Yes, Provide Proof of Licensing.

If No, Explain Why Not:

It is simply a poker run - no food or beverages will be provided

Provide a brief description of applicant's plan for regulating the serving of alcohol to prevent over-serving and the serving of minors.

N/A

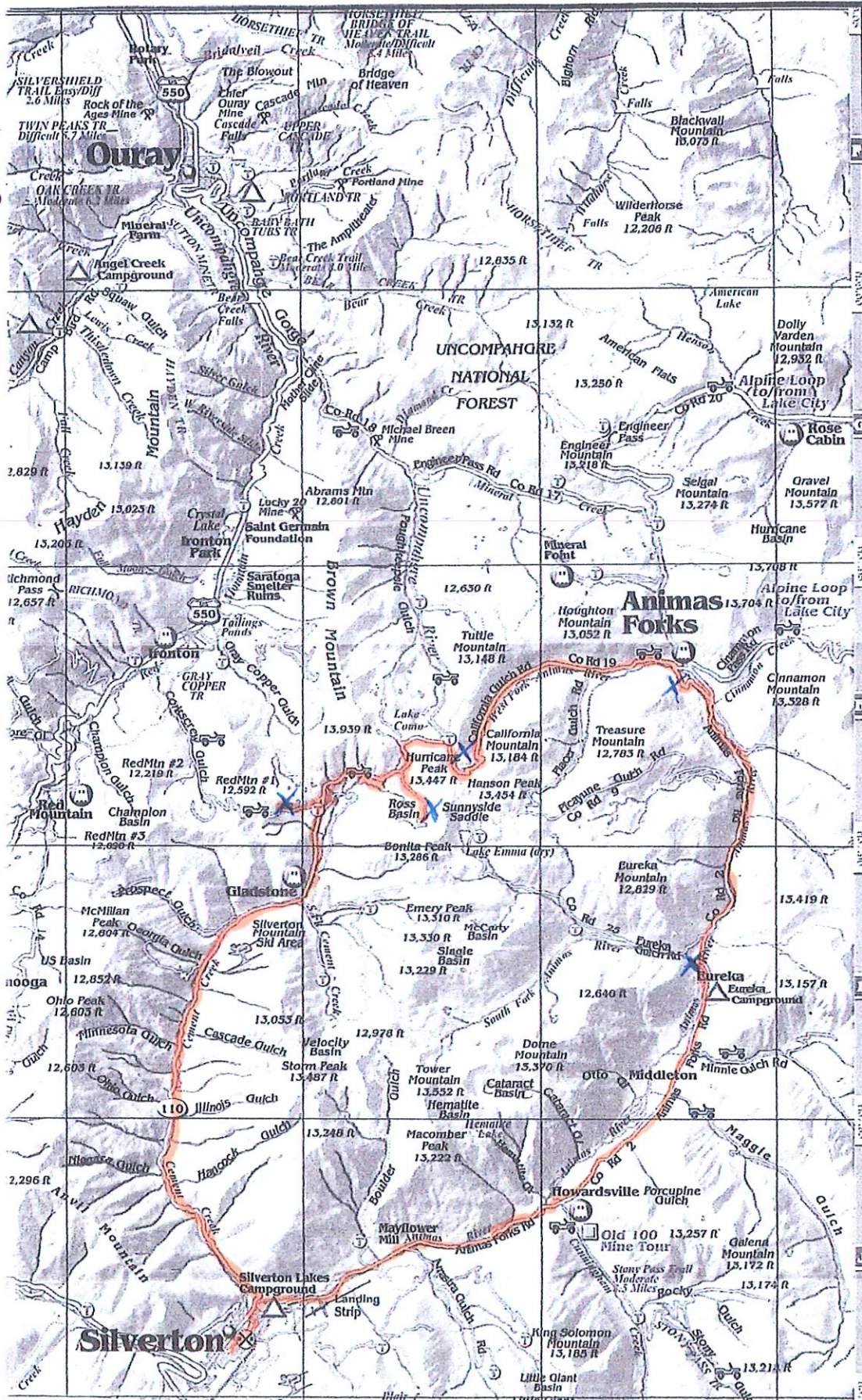
Chayene Morales
Signature of Applicant

3/16/21
Date

RECEIVED
APRIL 2021
Lma

Card Stops

- 1st Eureka
- 2nd Animas Forks
- 3rd California Pass
- 4th Upper Ross Basin
- 5th Corkscrew



Event Description: The purpose of this event is to offer a fun event, and help the businesses of Silverton financially. This poker run is being organized for OHVs/4 Wheel Drive Vehicles/Motorcycles/etc. to follow a specific route with specific check in points where a rider/riders are each dealt a playing card. **THIS IS NOT A RACE.** Cards dealt will be recorded by run volunteers on a scoresheet and then cards will be returned to the deck and the deck will be shuffled. At the end of the route the score sheets are turned in and the rider with the best poker hand wins.

Materials needed:

- Registration Flyer
- Maps/Directions
- Waivers
- Rules
- Money Box
- Signage
- Press Release (Silverton Standard and Facebook Posts)
- 6 Decks of cards (one at each checkpoint and one at the end-point)
- Prizes
- Receipt Book

Committees:

- Logistics
- Registration
- Volunteers
- Public Relations
- Awards

Logistics Committee:

1. Determine your starting and ending point. Both points should have enough space for parking vehicles.
2. Determine your route.
3. The route should be pre-rode on the day before the even to be sure road conditions have not changed.
4. On your route choose 5 check points.
5. Confirm with the County of San Juan and the Town of Silverton any required permits.
6. Get appropriate insurance coverage.
7. Prepare map and directions.

Registration Committee:

1. Consider entry fee for event. Riders may only play one hand per rider.
2. Develop a flyer to recruit riders. Include date, time, fee, start/finish of course, prize categories, time limits (how long should it take to ride course safely).
3. Prepare/Collect materials for registration table.
 - a. Registration form
 - b. Waiver
 - c. Score card
 - d. Map/directions
 - e. Rules – must include that riders follow highway/back country laws and don't consume alcohol while participating.
 - f. Participant t-shirts
 - g. Money Box – checks should be made payable to the Bent Elbow. (Cash or checks only.)

Volunteer Committee:

1. Work with each committee to determine volunteer needs, volunteers will be needed to distribute flyers prior to the event, man registration table, man check in spots on the route, and score poker hands.
2. Recruit volunteers
3. Assign volunteer jobs

Public Relations Committee:

1. Assist with Distribution of Flyers
2. Post event information and answer questions on Facebook

Awards Committee:

1. Determine award categories such as 3 top hands, best hand, worst hand etc.
2. Solicit prizes
3. Day of event – collect score cards and score hands to determine winners. (All score cards must be turned in Saturday, August 21, 2021 no later than 6:00 p.m. and winners will be announced Sunday, August 21, 2021 at 10:00 a.m. both at the Bent Elbow).

Day of the Event

1. Riders will register and collect run materials on Friday, August 20, 2021, at the Bent Elbow.
2. Riders are free to leave at any time after 8:00 a.m. on Saturday, August 21, 2021, to begin the poker run. The poker run is estimated to take approximately 2.5 hours to safely complete the course. All score sheets must be turned in no later than 6:00 p.m. at the Bent Elbow on Saturday, August 21, 2021.
3. All checkpoints will be manned. Volunteers should make sure that riders do not consume alcohol at the checkpoints.
4. Each checkpoint will have one deck of cards. Each rider will be dealt a card from the deck by the checkpoint volunteer. The checkpoint volunteer will write down what card was drawn and initial it on the scorecard and then return the card back into the deck and shuffle the deck. If the participant is dealt a card that has already been recorded on the scoresheet, the card will be returned to the deck by the volunteer, and another card will be dealt to the participant (for example if a 7 of clubs is dealt to the participant, and a 7 of clubs has already been recorded on their scoresheet at another stop, another card will be dealt to the participant.)
5. At the end point – riders turn in scorecard – make sure riders names are on the card.

COVID-19 Protocol to be followed

1. We will limit the number of participants to PHO Guidelines at the time. The primary emergency contact for this event will be Charlie Monsalve (310-874-2990). The persons managing COVID-19 compliance will be both Charlie Monsalve and Gigi Raine (703-969-4725).
2. Volunteers for this event will be briefed on the PHO Guidelines for COVID-19 with respect to social distancing, mask requirements, and cleaning procedures.
3. We will follow the PHO Guidelines for social distancing. We will have six foot sections marked off at registration and the table scoresheets will be returned to. Participants will drive up in their vehicles to be dealt a card so they will not be near any other participants other than their own group.
4. All participants and volunteers will be required to wear face masks per PHO guidelines.
5. Hand sanitizers will be available at each location.

The Poker Run committee will provide a list of all registrants and their contact information if a person was exposed to COVID-19.

Because participants will be leaving for the course on their own timeline and will not check in, we will not be taking participant temperatures the day of the event. We will have registrants complete the attached Employee Health

Screening form the day of registration (8/20/21). On the day of the event (8/21/21) they will be socially distanced in their own vehicles during the event.

We will use the attached Employee Health Screening Form to record data for all volunteers the day of the event (8/21/21).

The registration form will communicate to participants prior to the event NOT to attend if they have any symptoms.

Registration Venue August 20, 2021:

- Registration will be outside in the Bent Elbow Parking Lot.
- Registration will be open from 8:00 a.m. to 8:00 p.m. to help mitigate crowds gathering.
- We will follow San Juan County's PHO on masks and distancing as of the date of the event.
- If required by the PHO, we will have masks and hand sanitizing stations available for all registrants.
- We will work with the Chamber to create a COVID-19 pamphlet on education and best practices regarding current county regulations as of the date of the event. We will also provide a pamphlet on back country trail education.
- We will cap our participant registration at whatever the PHO is on the date of the event.

Poker Run Venue August 21, 2021:

- The Poker Run route will take approximately 2.5 hours.
- By holding the Poker Run between the hours of 8:00 a.m. and 6:00 p.m., the route will be no more congested than a normal Saturday in the summer.
- We will have masks and sanitizer at each Poker Run stop if required.
- Participants will ride up to the volunteer in their vehicle to be dealt their card, thus ensuring that participants stay 6 feet apart as currently required.

Bent Elbow Venue August 21, 2021:

- All scorecards will be turned in at the Bent Elbow between 10:30 a.m. and 6:00 p.m.
- All volunteers will follow PHO mask and distancing regulations as required as of the date of the event.
- We will follow PHO guidelines on masks and distancing as of the date of the event.
- We will have masks and hand sanitizer available for all participants if necessary.

Volunteers and Participants:

- All volunteers will follow the PHO guidelines on masks and distancing as of the date of the event.
- All Participants will be expected to follow the PHO social distancing orders and mask orders as of the date of the event.

Awards Ceremony August 22, 2021:

- Awards will be awarded in the Bent Elbow parking lot at 10:00 a.m.
- Everyone will be required to follow PHO mask and distancing requirements as of the date of the event.
- We will have hand sanitizer and masks available at the ceremony if necessary.
- We will have instruction signs posted clearly in the parking lot.

We fully intend to follow any and all current requirements put out by the state, county, town, and/or PHO and will communicate the most current and up to date information to the participants at registration for the event on August 20, 2021. As of today's current requirements, the following is what we are planning:

COVID-19 Protocol to be followed

1. We will limit the number of participants to PHO Guidelines at the time. The primary emergency contact for this event will be Charlie Monsalve (310-874-2990). The persons managing COVID-19 compliance will be both Charlie Monsalve and Gigi Raine (703-969-4725).
2. Volunteers for this event will be briefed on the PHO Guidelines for COVID-19 with respect to social distancing, mask requirements, and cleaning procedures.
3. We will follow the PHO Guidelines for social distancing. We will have six foot sections marked off at registration and the table scoresheets will be returned to. Participants will drive up in their vehicles to be dealt a card so they will not be near any other participants other than their own group.
4. All participants and volunteers will be required to wear face masks per PHO guidelines.
5. Hand sanitizers will be available at each location.

The Poker Run committee will provide a list of all registrants and their contact information if a person was exposed to COVID-19.

Because participants will be leaving for the course on their own timeline and will not check in, we will not be taking participant temperatures the day of the event. We will have registrants complete the attached Employee Health Screening Form the day of registration (8/20/21). The day of the event (8/21/2021), they will be socially distanced in their own vehicles during the event.

We will use the attached Employee Health Screening Form to record data for all volunteers the day of the event (8/21/21).

The registration form will communicate to participants prior to the event NOT to attend if they have any symptoms.

Event Coordinator Contact Information:

Charlie Monsalve
Cj.monsalve@icloud.com
310-874-2990

PO Box 968
Silverton, CO 81433

COVID-19 Employee Health Screening Form for Onsite Screening

Employer Name _____

Person Completing Form _____

Date _____

Screen each employee for symptoms before they start their shift. Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:

1. Send employee home immediately.
2. Increase cleaning in your facility and ensure staff are least 6 feet apart from one another.
3. Exclude employee until they are fever-free (without medication) for 72 hours and 10 days have passed since their first symptom unless they have a clear alternative diagnosis from a medical provider..
4. If multiple employees have symptoms, contact your local health department.

Employer, retain these forms in a secure place for three months, and provide the forms upon request from public health agencies.

EMPLOYEE NAME	CHECK SYMPTOMS DAILY, BEFORE STARTING SHIFT									
	Fever 100.4°F or above	Cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
	Y N	Y N	Y N	Y N	Y N	Y N	Y N			



**THE SECOND ANNUAL BENT ELBOW POKER RUN OF SILVERTON
WAIVER, RELEASE AND REGISTRATION FORM
FOR POKER RUN TO BE HELD ON AUGUST 21, 2021**

Name of Activity or Event: Second Annual Bent Elbow Poker Run of Silverton

Name of Entrant: _____
(All Entrants must be 18 years of age or older.)

Age: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____

Emergency Phone # _____

Emergency Contact: _____

E-mail _____

[] \$75.00 Entry Fee has been paid by [] Cash or [] Check (Check No. _____)

WAIVER, RELEASE OF LIABILITY AND INDEMNITY FORM

READ IT CAREFULLY AND SIGN BELOW. COMPLETION OF THIS FORM IS NECESSARY IN ORDER TO PARTICIAPTE IN THIS 2nd ANNUAL BENT ELBOW POKER RUN OF SILVERTON. I UNDERSTAND MY DECISION TO PARTICIPATE IN THIS POKER RUN IS OPTIONAL AND VOLUNTARY.

(1) Assumption of Risks:

I understand that the above-listed poker run, by its very nature, includes certain risks. The specific risks vary, but may involve and are not limited to minor injury, major injury, serious injury, permanent disability, and death, as well as severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the roads, premises, or of any equipment used. I understand and appreciate the risks that are inherent in this poker run. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the poker run is voluntary and that I knowingly assume all risks. I recognize the importance of following established safety rules, guidelines, and regulations including Federal, state, county, and town laws and regulations. I understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the operation of my vehicle, including federal, county, and town road and back country trail regulations.

I certify that I am physically fit, have sufficient knowledge and experience driving off-highway vehicles in mountainous terrain in order to participate in this event, and have had the opportunity to seek medical advice for any concerns. I acknowledge that participating in a Poker Run is a potentially hazardous activity. I assume all risks associated with competing and participating in this event. These risks include but are not limited to, those related to terrain, weather, lack of hydration, road conditions, actions of participants, volunteers, spectators, wildlife, and others.

I agree to follow all United States, Colorado State, San Juan County and Town of Silverton laws and regulations.

I agree to follow all Colorado State, San Juan County and Town of Silverton regulations regarding COVID-19 requirements.

(2) Hold Harmless, Indemnity and Release:

In consideration of permission to participate in the above listed poker run, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, my personal representative(s), and/or assigns, to defend, hold harmless, indemnify, and release: 1) the Second Annual Bent Elbow Poker Run of Silverton, its administrators, agents, and volunteers; 2) The Bent Elbow, its owners, agents, employees and volunteers; 3) San Juan County; and 4) the Town of Silverton, its elected officials, agents, and employees all from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, personal injury, illness, or death which may result from or be related to my participation in the Second Annual Bent Elbow Poker Run of Silverton. This release specifically includes claims based on the negligence of the Second Annual Bent Elbow Poker Run of Silverton and its administrators, agents, and volunteers. **I understand that I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

(3) Photo Release:

In relation to the Poker Run, I hereby grant to the Second Annual Bent Elbow Poker Run of Silverton and the Town of Silverton all rights of every kind in perpetuity in and to my appearance and name in this Poker Run. I hereby authorize the Second Annual Bent Elbow Poker Run of Silverton and the Town of Silverton to photograph me, to edit the same at its discretion and to use photographs in any manner or media whatsoever, including, without limitation, unrestricted purposes of television, publicity, advertising and publications. I further authorize the Second Annual Bent Elbow Poker Run of Silverton and the Town of Silverton to use my name, likeness or other information concerning me in connection with any program or other purpose. I agree that the Second Annual Bent Elbow Poker Run of Silverton and the Town of Silverton own all rights and proceeds of my photo rendered in connection herewith.

I, THE UNDERSIGNED, HAVE CAREFULLY READ, FULLY UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT.

Signature

Please Print Name

Date

Poker Run Rules

- Poker Run registration will be from 8:00 a.m. to 8:00 p.m. on Friday, August 20th at the Bent Elbow.
- Poker Run begins no earlier than 8:00 a.m. on Saturday, August 21st. The course should take approximately 2.5 hours to safely complete. **THIS IS NOT A RACE. It does not matter who finishes first.**
- Riders must follow all town and county road and trail laws. No alcohol may be consumed while participating in this Poker Run.
- All OHVs must be stickered. OHV stickers can be purchased at the following establishments in Silverton: 1) Silverton Grocery; and Red Mountain Motel and RV Park.
- There are 5 check points to collect your cards (see course map distributed at Registration).
- You must have your score sheet (distributed to you at Registration) to be dealt a card.
- All Cards will be dealt at designated stops on the Poker Run Route. (PLAYERS WILL NOT BE PERMITTED TO BE DEALT ALL CARDS AT ONE STOP.)
- At each check point a volunteer will deal you a card and record that card on your score sheet. They will initial their recording. If the dealer deals you a card that has already been recorded on your score sheet at a previous check point, they will insert the card back into the deck and deal a second card to you. Dealer will then record the card, reinsert the card into the deck and shuffle the deck prior to dealing to the next player.
- You can purchase up to two additional cards at the end point (Bent Elbow) for \$10.00 each, prior to turning in your score sheet to increase your odds of winning.
- Best hand wins
- In the event there is a tie, there will be a playoff at 10:00 a.m. on Sunday, August 22nd at the Bent Elbow, with a new five card poker draw. High hand wins.
- Players **MUST BE PRESENT** to receive any winnings! All decisions of the judges are **FINAL!**

Poker Hand Rankings (highest to lowest)

1. **Royal Flush** – This is the highest poker hand. It consists of an ace, king, queen, jack, ten all in the same suit. As all suits are equal, all royal flushes are equal.
2. **Straight Flush** – Five cards of the same suit in sequence – such as J-10-9-8-7. Between the two straight flushes, the one containing the higher top card is higher.
3. **Four of a kind** – Four cards of the same rank – such as four queens. The fifth card can be anything. Between two fours of a kind, the one with the higher set of four cards wins.
4. **Full House** – This consists of three cards of one rank and two cards of another rank. When comparing full houses, the rank of three cards determines which is higher.
5. **Flush** - Five cards of the same suit. When comparing two flushes, the highest card determines which is higher.
6. **Straight** – Five cards of mixed suits in sequence. When comparing two sequences, the one with the higher-ranking top card is better.
7. **Three of a Kind** – Three cards of the same rank plus two other cards. When comparing two threes of a kind the hand in which the three equal cards are of a higher rank is better.
8. **Two Pairs** – A pair is two cards of equal rank. In a hand with two pairs, the two pairs are of different ranks, and there is an odd card to make the hand up to five cards. When comparing hands with two pairs, the hand with the highest pair wins.
9. **Pair** – A hand with two cards of equal rank and three other cards which do not match these or each other. When comparing two such hands, the hand with the higher pair wins.
10. **High Card** – Five cards which do not form any of the combinations listed above. When comparing two such hands, the one with the better highest card wins. If the highest cards are equal the second cards are compared; if they are equal the third cards are compared etc.



Town of
Silverton

March 17, 2021

Jim Lovelace
Recreation Planner
Gunnison Field Office
Bureau of Land Management

Dear Mr. Lovelace,

Attached please find proof of an insurance quote for the 2021 Bent Elbow Poker Run. This insurance will be bound through CIRSA, the Town of Silverton's insurance provider, and appropriate fees have been paid. Please note that CIRSA will not bind or issue certificates of insurance until one week prior to the event date, and it is the responsibility of the event organizers to provide this information to you once they receive it.

Please don't hesitate to contact me if you have any questions or concerns at lbranner@silverton.co.us or 970-759-5557. Thank you for your assistance in permitting this event.

Sincerely,

Lisa K. Branner
Community Relations Manager

Cc: Charlie Monsalve

March 15, 2021

Lisa K. Branner, Community Relations Manager
Town of Silverton
P.O. Box 250
Silverton, CO 81433

Dear Lisa,

Attached is the special events quote for Charlie Monsalve and Darlene Watson Bent Elbow Poker Run along with any special conditions required by the carrier, if applicable.

Coverage for this event will be bound **only** upon the receipt of the attached acceptance form. If CIRSA does not receive a response within **five (5) working days** before the scheduled event, coverage may not be bound. If we are unable to bind coverage, we will let you know.

In addition, the attached Special Event Liability Group Insurance Trust Notice to Policyholder and Special Event Liability Insurance Policy Coverages and Conditions Disclosure to Event Holder must be provided to each event holder at the time they apply for coverage.

Please note, as of January 1, 2021 we will be making a change to how we deliver the Special Event Certificates of Insurance. In the past we have used the postal service to deliver Special Event Certificates of Insurance; going forward we will be defaulting to electronic delivery to the Member and the Event Holder. If you or the event holder wish to receive a physical copy of the certificate via the postal service, please let us know.

Please call me if you should have any questions or need further information.

Sincerely,



Jessica M. Cowlshaw, CIC
Senior Underwriting Representative

Enclosures



**NOTICE OF ACCEPTANCE/REJECTION OF AGREEMENT
FOR SPECIAL EVENTS COVERAGE QUOTATION**

Please complete, sign and return this form to CIRSA.

This is to notify CIRSA that the **Town of Silverton** accepts/rejects the special events coverage quotation for the Charlie Monsalve and Darlene Watson Bent Elbow Poker Run, including the attached special conditions required by the carrier, to be held on August 20, 21 & 22, 2021.

We accept the quote of \$522.34.

We reject coverage.

****THE PREMIUM IS FULLY EARNED THE FIRST DAY OF THE EVENT.****

Do not send the premium with this form. CIRSA's Finance Department will send an invoice for the event. Your entity is responsible for collecting the premium from the event holder and the event holder should make checks payable to your entity.

The undersigned is authorized to accept this quotation on behalf of the **Town of Silverton**.

Authorized Signature: *Lisa Branner*

Title: Community Relations Manager, Town of Silverton

Date: 3/17/21



Special Conditions: (Applicable if box is checked)

Special Event Liability Group Insurance Trust is an Insured Risk Purchasing Group, using the following insurance companies to provide liability insurance for Member Event Holders:

Colony Insurance Company

Best's Rating: A, XII

Your quotation is subject to the following items:

It is a requirement that each participant, coach, manager, instructor or official in each activity listed below, and their parent or legal guardian if the participant is under 18 years of age, sign a Waiver and Release of Liability form protecting each of the following entities:

Activities: _____

Entity(ies) to be released from liability:

The liability insurance provided by this insurance policy(ies) will not defend or pay for a claim for bodily injury to a participant in the above listed activity(ies), if the participant did not sign a Waiver and Release of Liability form.

An acceptable Waiver and Release of Liability form has been provided for your use. **(Must use program Waiver OR Waiver reviewed and approved by Program Manager.)**

It is a requirement that the company or vendor providing the following activity or service(s), name each of the following entity(ies) as additional insured on their General Liability insurance:

Activity(ies)/Services:

Entity(ies) to be included as Additional Insured(s):

Policy contains a terrorism exclusion. On behalf of the Risk Purchasing Group and each member, the trustee has declined coverage for the Terrorism Risk Insurance Act (TRIA).

**Special Event Liability Insurance Policy
Coverages and Conditions Disclosure to Event Holder**

Insurance Companies and Best's Ratings:
(as of 1/1/2021)

Colony Insurance Company. - A XII

Name Insured:

Permit Holder, Renter or Event Holder

Additional Insured:

CIRSA Member and/or Other Additional Insureds as Scheduled

Policy Form:

ISO Occurrence Commercial General Liability Form (CG0001) including Premises/Products and Completed Operations, Personal and Advertising Injury, Contractual Liability, Host Liquor, (Full Liquor Liability is included when a separate premium has been charged) and Broad Form Property Damage.

Coverage Limits:

\$ 2,000,000 General Aggregate (Per Certificate)
\$ 2,000,000 Products/Completed Operations Aggregate
\$ 1,000,000 Personal and Advertising Injury
\$ 1,000,000 Each Occurrence
\$ 1,000,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ 1,000,000 Liquor Liability Each Occurrence – when purchased

Deductible:

None

Premium:

The CIRSA member will be responsible for premium collection.

Special Conditions:

- 1) Coverage is primary and any insurance carried by the Additional Insured is excess and not contributing.
- 2) Bodily Injury claims to participants are not excluded.
- 3) Vendors, Exhibitors, and Concessionaires at an event can be added as Additional Insured for an additional premium charge.
- 4) Excluded: Terrorism. On behalf of the Risk purchasing Group and each member, the trustee has declined coverage for the Terrorism Risk Insurance Act (TRIA).
- 5) Excluded: Sexual Abuse and Molestation.

This information is provided only as a general summary of the coverages that apply. All coverages are governed by the terms, conditions, exclusions, and limits stated in the applicable coverage documents. **This summary should not be relied on as a substitute for review of those documents.**



Notice:

This contract is delivered as surplus line coverage under the Nonadmitted Insurance Act. The insurer issuing this contract is not licensed in Colorado but is an approved nonadmitted insurer. There is no protection under the provisions of the Colorado Guaranty Act.



Notice to renters:

Due to the COVID-19 pandemic, a Communicable Disease Exclusion endorsement has been issued under the General Liability insurance policy offered to renters and purchased through HUB International Insurance Services Inc., effective 10/1/2020.

A copy of the Communicable Disease Exclusion endorsement has been included with your quote and/or certificate of insurance.

Please do not hesitate to contact us if you have any questions or concerns.

Thank you.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – COMMUNICABLE DISEASE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, and COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions are amended and the following added:**

Communicable Disease

This insurance does not apply to “bodily injury”, “property damage” or “personal and advertising injury” arising out of:

- (1) transmission of a “communicable disease” by an insured or any person doing any service or work on behalf of an insured; or**
- (2) failure by an insured to perform services which were either intended to or assumed to prevent “communicable diseases” or their transmission to others.**

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- a. supervising, hiring, employing, training or monitoring of others that may be infected with and spread a “communicable disease”;**
- b. testing for a “communicable disease”;**
- c. failure to prevent the spread of the disease; or**
- d. failure to report the disease to authorities.**

- B. DEFINITIONS is amended and the following added:**

“Communicable Disease(s)” means a contagious disease or illness arising out of or in any manner related to an infectious or biological virus or agent or its toxic products which is transmitted or spread, directly or indirectly, to a person from an infected person, plant, animal or anthropoid, or through the agency of an intermediate animal, host or vector of the inanimate environment or transmitted or spread by instrument or any other method of transmission. “Communicable Disease” shall include, but not be limited to Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Syndrome (HIV), Severe Acute Respiratory Syndrome (SARS), West Nile Disease, chicken pox, any type or strain of influenza (including, but not limited to avian flu), legionella, hepatitis, measles, meningitis, mononucleosis, whooping cough, cholera, bubonic plagues and anthrax.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



COVID Protocols for the 2nd Annual Bent Elbow Poker Run

Registration Venue (8/20/21):

- Registration will be outside in the Bent Elbow parking lot.
- Registration will be from 8:00 a.m. to 8:00 p.m. to help mitigate crowds gathering.
- We will follow San Juan County's PHO on masks and distancing as of the date of the event.
- If required by the PHO we will have masks and hand sanitizing stations available for all registrants.
- We are working with the Chamber to create a COVID-19 pamphlet on education and best practices regarding current county regulations as of the date of the event as well as providing Back Country trail education.
- We will cap our participant registration at whatever the PHO is on the date of the event.

Poker Run Venue (8/21/21):

- The Poker Run route will take approximately 2.5 hours.
- By holding the Poker Run between the hours of 8:00 a.m. to 6:00 p.m., the route will be no more congested than a normal Saturday in the summer
- We will have masks and Sanitizer stations at each Poker Run stop if required.
- Participants will ride up to the volunteer to be dealt their card, thus ensuring that participants stay 6 feet apart as currently required.

Bent Elbow Venue (8/21/21):

- All scorecards will be turned in at the Bent Elbow between 10:30 a.m. and 6:00 p.m.
- All volunteers will follow PHO mask and distancing regulations as required as of the date of the event.
- We will follow PHO guidelines on masks and distancing as of the date of the event.
- We will have masks and hand sanitizing stations available for all participants if necessary.

Volunteers and Participants:

- All volunteers will follow PHO guidelines on masks and distancing as of the date of the event.
- All Participants will be expected to follow the PHO social distancing orders and mask orders as of the date of the event.

Awards Ceremony (8/22/21):

- Awards will be awarded in the Bent Elbow parking lot at 10:00 a.m.

- Everyone will be required to follow the PHO mask and distancing requirements as of the date of the event.
- We will have hand sanitizing stations and masks available at the ceremony if necessary.

We fully intend to follow any and all current requirements put out by the state, county, town and/or PHO and will communicate the most current and up to date information to the participants at registration for the event on August 20, 2021. As of today's current requirements, the following is what we are planning.

COVID-19 PROTOCOL TO BE FOLLOWED

1. We will limit the number of participants to PHO Guidelines at the time of the event. The primary emergency contact for this event will be Charlie Monsalve (310-874-2990). The persons managing COVID-19 compliance will be both Charlie Monsalve and Gigi Raine (703-969-4725).
2. Volunteers for this event will be briefed on the PHO Guidelines for COVID-19 with respect to social distancing, mask requirements, and cleaning procedures.
3. We will follow the PHO Guidelines for social distancing. We will have six foot sections marked off at registration and the table scoresheets will be returned to. Participants will drive up in their vehicles to be dealt a card so they will not be near other participants other than their own group.
4. All participants and volunteers will be required to wear face masks per PHO guidelines.
5. Hand sanitizer will be available at each location.

The Poker Run committee will provide a list of all registrants and their contact information if a person was exposed to COVID-19.

Because participants will be leaving for the course on their own timeline and will not check in, we will not be taking participant temperatures the day of the event. We will have registrants complete the attached Employee Health Screening Form the day of registration (8/20/21). The day of the event (8/21/21), they will be socially distanced in their own vehicles during the event.

We will use the attached Employee Health Screening Form to record data for all volunteers the day of the event (8/21/21).

The registration form will communicate to participants prior to the event NOT to attend if they have any symptoms.

Event Coordinator Contact Information:

Charlie Monsalve

Cj.monsalve@icloud.com

310-874-2990

P.O. Box 968

Silverton, CO 81433

Fwd: [EXTERNAL] The Bent Elbow Poker Run Silverton, CO

Charlene Monsalve <cj.monsalve@icloud.com>
To: Gigi Gustafson - Raine <ggraine2@gmail.com>

Thu, Apr 1, 4:36 PM

Sent from my iPhone

Begin forwarded message:

From: "Lovelace, James F" <jlovelac@blm.gov>
Date: April 1, 2021 at 3:51:34 PM MDT
To: Charlene Monsalve <cj.monsalve@icloud.com>
Subject: Re: [EXTERNAL] The Bent Elbow Poker Run Silverton, CO

Hi Charlie,

Thank you for complete application for year two of the Bent Elbow Poker Run. The complete application packet, proof of insurance, application fee and preseason fee that you paid today via credit card satisfy BLM's requirements to permit your event on August 20. You are in the queue to receive an Annual Use Authorization. Thanks, and please contact me with any questions.

Jim Lovelace
Outdoor Recreation Planner
Bureau of Land Management
Gunnison Field Office
210 West Spencer Ave, Suite A
Gunnison, CO 81230
(970) 642-4953 - office
(719) 221-4751 - cell
jlovelac@blm.gov

From: Charlene Monsalve <cj.monsalve@icloud.com>
Sent: Thursday, April 1, 2021 12:05 PM
To: Lovelace, James F <jlovelac@blm.gov>
Subject: [EXTERNAL] The Bent Elbow Poker Run Silverton, CO

This email has been received from outside of DOI - Use caution before clicking on links, opening attachments, or responding.

Hi Jim!

Here is all the paperwork and proof on insurance for the Poker Run. Give me a call at 310-874-2990 and I will give you my debit card to pay for everything. Appreciate everything you do!

OPERATING PLAN
for Commercial Outfitters
and Competitive Permittees
(Addendum to Form 8370-1)

This operating plan is what BLM uses to decide whether to issue you a permit. Once the permit is issued, this plan along with your compliance with permit stipulations will be evaluated at the end of the year/event.

Event
COMPANY: 2nd Annual Bart Elbow Poker Run DATE: X 3-16-21

Check all items that apply and fill in the blanks with details. If additional space is needed, attach supplemental pages. If a section does not apply, indicate with N/A.

1. **Company Information:** (Circle one) Individual Partnership Corporation
 - a. Owner/Partner(s) Names: Charlie J. Monsalve - Event Coordinator
 - b. Phone number where messages are regularly picked up: 310-874-2990
email: cj.monsalve@icloud.com
 - c. Other contact if you are unavailable (emergencies only): Name /Phone : Darlene Watson
978-799-5710
 - d. Do you use radio communications for operations or emergencies? Yes (X)
 - e. If yes, what frequencies do you use?
 - f. Year company was established: N/A Years with current owner: N/A
 - g. What services does your company offer that is unique for clients/visitors on public lands?
OHV BACK COUNTRY RIDING

2. Estimate the amount and season of use expected this year. This can be done by day, week, season, month, or type of activity. (Attach another sheet if needed.)

ACTIVITY	USE DATES BEGIN	USE DATE END	ESTIMATED NUMBER OF CLIENT DAYS	LOCATION
<u>Poker Run</u>	<u>8/21/21</u>	<u>8/21/21</u>	<u>1</u>	<u>5 stops:</u> <u>1- Eureka</u> <u>2- Animas Forks</u> <u>3- California Pass</u> <u>4- Upper Ross Basin</u> <u>5- Cockscrew</u>

3a. River Related Services and Competitive Events (List # of craft owned and check all other services provided): If you are not providing services on rivers, please go on to #3b.

Boating: **N/A** Oar Rafts Canoes Kayaks
 Inflatable Kayaks Motorboats Jet Skis
 Drift Boats Paddle Boats Other
 Fishing Photography Shuttle Service

Instructional Classes (Describe): _____
 Services for People with Disabilities (Describe): _____
 Competitive Event (Describe): _____
 Other (Describe): _____

b. Duration: Day Use Overnight Use

c. Do you rent boats or other equipment? Yes No

If yes, describe: _____

d. Location where you propose to operate:

RIVER NAME/SECTION	PUT-IN	TAKE-OUT	FREQUENT STOPS/CAMPS
N/A			

4a. Upland Outfitting and Competitive Events (Check all that apply): If you propose to provide one or more of the following services, please complete this section. If not, go to section 4 on page 3.

N/A Guide Service Deer/Elk Lion/Bear Fishing Other Game
 Packing Service (camps, game, etc.) Horseback Trail Rides
 Mountain Bike Rides Cross Country Skiing Snowmobile Tours
 4 Wheel Drive Tours Horse and Pack Animal Rental/Delivery
 Services for People with Disabilities (Describe): _____
 Competitive Event (Describe): _____
 Other (Describe): _____

b. Duration: Day Use Overnight Use

c. Are you proposing to set up temporary facilities, caches, or staging facilities? Yes No
 (Please list by Township, Range, Section and subdivision to nearest 40 acre parcel.)

Location	Dates of use	BLM, USFS. or Private

d. Are you proposing to set up base camp or spike/drop camps? Yes No

If yes, please complete the following and describe facilities that you are providing for each:
 (Camps and facilities are subject to BLM Area Manager's approval.)

Location/Facilities	Dates of use	BLM, USFS. or Private

e. Are you requesting authorization to camp more than 14 days at one place? ___ Yes No

Location: _____ to _____
 Location: _____ to _____

5. Pack and Riding Animals

Do you provide riding horses? ___ Yes ___ No Do you provide pack animals? ___ Yes No

Type(s) available: (Write in #) _____ Horses _____ Mules _____ Other

Describe how animals are fed, watered, and controlled when on the public lands (corrals, tethers, etc.):

6. Transportation

List all vehicles used - trucks, buses, vans, trailers, ATVS, snowmobiles, etc.:

Year	Make	Model Type	Color	State/License Number
N/A				

7. Food/Beverages

a. Do you provide food? ___ Yes No

Check if provided: ___ Breakfast ___ Lunch ___ Dinner ___ Snacks

b. Cooking facilities (Check all that apply):

___ Stove ___ Wood Fire ___ Charcoal Fire ___ Firepan

c. Do you provide potable water? ___ Yes No If yes, check method used:

___ Bottled Water ___ Filter ___ Boiled ___ Chemicals ___ Other

8. Sanitation

Toilets (check): ___ Pit ___ Portable ___ Chemical ___ Carryout ___ Other: N/A

If human waste is carried out, please describe: Solid Human Waste Removal: _____

Liquid Human Waste Practices: _____

9. Safety and Rescue Information N/A

Check safety and rescue equipment carried on each trip (Indicate # of item or check all the apply)

___ First Aid Kits ___ First Aid Station ___ Signaling Device

___ PFD's ___ Fire Extinguisher ___ Spare Motor

___ Throwable Rescue Device ___ Other

10. Persons that are authorized to represent your ^{event} business: (List the name, address and position of all employees, guides, part time, and contracted help): Attach another sheet if needed.

Name	Address	Position
Gigi Raine	PO Box 352, Silverton 81433	Volunteer
Brute Raine	PO Box 352, Silverton 81433	Volunteer
Charlie Monsalve	PO Box 968, Silverton 81433	Event Coordinator
Darlene Watson	PO Box 118, Silverton 81433	Bent Elbow owner
Mark Watson	PO Box 118, Silverton 81433	Bent Elbow owner

List must be updated within 2 weeks of hiring or firing employees.

11. Background Information

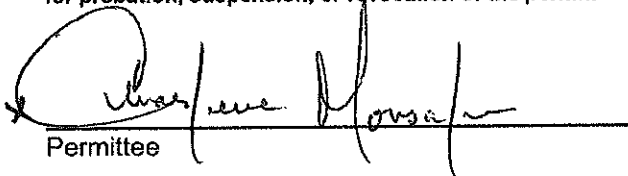
List other permitted areas or rivers (Include agency and office location):

N/A

In the past two years, have you or any of your company representatives or employees been convicted of a federal, state, or local violation in connection with guide/outfitting operations or associated activities? ___ Yes No

Have you had a BLM or USFS permit denied, suspended, or revoked? ___ Yes No
If yes to either question, explain:

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I (we) am (are) required to comply with requirements and stipulations on Form 8370-1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, or the failure to keep this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.


Permittee

* 3-16-21
Date

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SPECIAL RECREATION PERMIT APPLICATION
(16 U.S.C. 6801 et seq., 43 U.S.C. 1701 et seq., 43 CFR Group 2930)

FORM APPROVED
OMB NO. 1004-0119
Expires: April 30, 2023

Permit No.

Instructions: Complete and return to appropriate BLM Office. (Use additional sheets, as necessary.)

Type or Print Plainly in Ink

1. New Application Permit Renewal
2. Name of Business or Organization **2nd Annual Bent Elbow Poker Run**

3. First Name **Charlie** Last Name **Monsalve** Middle Initial **J.**

4. Address **P.O. Box 968
902 Empire St. # A
Silverton, CO 81433**
5. Phone No. **310-874-2990**
6. FAX No. _____

7. Email Address **cj.monsalve@icloud.com** 8. Website _____

9. Applicant is: Individual Corporation Government Agency
(If corporation, attach copy of Articles of Incorporation and Certificate unless already on file.)

10. Name(s) and phone number(s) (include area code(s)) of person(s) authorized to conduct business with BLM concerning the permit:
Charlie Monsalve 310-874-2990
Darlene Watson - 970-799-5710

11. Application is for (check all that apply): Commercial Use Competitive Use Organized Group Activity or Event Vending
(Definitions of these permit types are provided on page 4 of this form.)

12. To use the following public lands/related waters (provide name, legal description and/or attach map or GIS data file as required by BLM):
Poker Run will be using OHV Trails and will have 5 stops to collect cards.
1. Eureka 3. California Pass 5. Cork Screw
2. Animas Forks 4. Upper Ross Basin

13. For the following purpose (attach a complete Operations Plan as required by the issuing BLM Office):
See Attached

14. Dates of proposed use
Beginning Date: **Saturday, 8/21/21** Ending Date: **Saturday, 8/21/21**

Check if applying for a multiple year permit, subject to annual authorization. Other schedule: _____

15. Do you have a permit with BLM/USFS/NPS? Yes No
15a. Have you had a permit previously? Yes No
15b. Have you ever been denied or had a permit revoked? Yes No
15c. Have you forfeited a bond or other security? Yes No
15d. Do you have any unresolved, criminal, civil or administrative actions related to a permit or the activities you plan to conduct under this permit? Yes No
15e. Have you been convicted, or paid a fine, or forfeited a bond, for violations regarding natural resources, cultural resources or any activity related to your proposal? Yes No

If the answers to any of the above questions are, "Yes." Provide a detailed explanation on a separate piece of paper.

16. **Certification of Information:** I CERTIFY the information in this application and supporting documents is true, complete, and correct to the best of my knowledge and belief and is given in good faith.
I acknowledge that I (we) am (are) required to comply with any conditions or stipulations required by the BLM, including but not limited to the General Terms and Permit Stipulations listed on the following pages of this form. I agree my activity, service, or use will conform to the information I have provided in this application, operations plan, and any attachments.
X Charlie Monsalve **X** 3-16-21
(Signature of Applicant) (Date)

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

**Special Event Liability Group Insurance Trust
Event Application – Commercial General Liability**

THIS IS NOT A BINDER. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

Applicant Information

1. Named Insured (Event Holder) is a:

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> LLC or LLP | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Public Agency | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Trust or Estate | <input type="checkbox"/> Labor Union | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Unincorporated Assoc. | <input checked="" type="checkbox"/> Informal Group or Committee | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Other | |

Describe: _____

2. Event Holder / Named Insured (as it is to appear on the policy):

Charlie Monsalve and Darlene Watson
(Event holder name as shown on the permit or rental agreement)

Is this Named Insured the:

Property Owner? Yes No
Property Manager? Yes No

Darlene Watson/Bent Elbow

2a. Are you a:

Vendor/Exhibitor/Caterer? Yes No
Instructor? Yes No
Event Holder? Yes No

3. Address PO Box 968

City: Silverton, CO State: CO Zip: 81433

4. Contact Person Charlie Monsalve

5. E-mail: cj.monsalve@icloud.com Website: _____

6. Home Phone _____ Business Phone: _____

7. Fax # _____ Cell Phone: 310 - 874 - 2990

Event Information

8. Name & Type of Event: 2nd Annual Bent Elbow Poker Run

9. Name of Facility Bent Elbow (For registration + awards)
(name of place where event is being held)

10. Event Location Bent Elbow 1114 Blair Street

City: Silverton State: CO Zip: 81433

11. Facility Owner Darlene Watson

12. Address PO Box 118

City: Silverton State: CO Zip: 81433

The Poker Run will be held in the Back Country on OHV Trails
5 stops: 1) Eureka; 2) Animas Forks; 3) California Pass;
4) Upper Ross Basin; 5) Cork Screw

13. Is there a Property Manager that requires being included as Additional Insured?
 Yes No If yes, Name _____
 Address _____
 City: _____ State: _____ Zip: _____

14. Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are to be included as an Insured under this insurance policy?
 Yes No If yes, provide their name, mailing address and type of service to your Event.
 (Type of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter or sponsor) Add additional pages if required.

Type of Service: _____
 Sells or Serves Alcoholic Beverage Yes No
 Name _____
 Address _____
 City: _____ State: _____ Zip: _____

Type of Service: _____
 Sells or Serves Alcoholic Beverage Yes No
 Name _____
 Address _____
 City: _____ State: _____ Zip: _____

15. List each date the Event will be held, expected attendance and event duration each day. Include event set up and take down days. Indicate if alcoholic beverage is sold or served for each day. Attach a separate page if necessary. If the time goes past midnight, be sure to include the new day and the hours.

Date	Event Hours		Attendance (Expected)	Alcoholic Beverages				Hours when Alcoholic Beverages are served or sold	
	Start	End		Served		Sold		Start	End
8/20/21	8:00 am	8:00 pm	approx 200	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	N/A	
8/21/21	8:00 am	6:00 pm	approx 200	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	N/A	
8/22/21	10:00 am	12:00 pm	approx 200	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	N/A	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

16. Describe the Event and list all activities. Attach a separate page if necessary. If the Event is more than one day, include the date(s) each activity occurs.

- Anniversary
- Baby Shower
- Baptism
- Bar mitzvah
- Bat mitzvah
- Birthday
- Confirmation
- Engagement
- Graduation
- Lecture (Describe Topic)
- Meeting (Describe Topic)
- Ordination
- Quinceanera
- Reception
- Retirement
- Reunion
- Wedding
- Wedding Shower
- Other (Describe below):

See attachment A

See Attachment A

17. If Birthday, please indicate the year which is being celebrated. N/A

- 1yr. - 8yrs.
- 9yrs. - 13yrs.
- 14yrs. - 20yrs.
- 21yrs. - 29yrs.
- 30yrs. - 39yrs.
- 40yrs. - 49yrs.
- 50yrs. - 59yrs.
- 60 and over

18. If concert, will dancing be permitted? Yes No
If yes, is there a designated dance floor or area? Yes No

N/A

19. Do you expect any celebrities or highly public individuals to attend or participate in your event?
 Yes No

N/A

If yes, please list the individuals and classify the individual entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.

Individual

Class of Celebrity or Public Figure

20. For all Events, please indicate the expected age range of the attendees. **18 and over**
 13 and under 24 - 29 40 - 49 60 and over
 14 - 23 30 - 39 50 - 59

18

21. Will your Event have overnight stay or lodging? Yes No
If yes, lodging is arranged by: Event Holder Attendees

22. Is the Event Holder required to add as additional insured the Property Owner providing the lodging?
 Yes No

Property Owner Name _____

Address: _____

City: _____ State: _____ Zip: _____

Lodging Facility Name _____

Address: _____

City: _____ State: _____ Zip: _____

23. Is your Event indoor, outdoors or both?

Indoor

Outdoor

Both

23a. If event is outdoors, does the facility have permanent lighting? Yes No **Event will take place during daylight only**

24. The Event is: Open to the Public Private Group Personal Invitation Only

25. Will you sell tickets to attend the Event? Yes No

registration entrance fee

25a. If yes,

1. How many tickets do you expect to sell? approx 200

2. What is the expected total receipts from ticket sales? approx \$15,000

3. What is the price per admission ticket? \$75

4. Tickets are: Pre-sold Only Sold only at the door Both

26. Do you expect to receive donations to attend this Event? Yes No

27. Seating at the Event is: Assigned Seating Open Seating
 Bring Your Own Seating Grandstands or Bleachers

28. Will the Event have security? Yes No

If yes, show type of security and list number of security personnel.

16-3

Type of Security & # of Security Personnel

Type of Security	#	Type of Security	#
<input type="checkbox"/> Facility Security	—	<input type="checkbox"/> Private Security Co.	—
<input type="checkbox"/> Private Security-Not employees of a Security Co.	—	<input type="checkbox"/> Police or Sheriff	—
<input type="checkbox"/> Peer Group or Ushers	—	<input type="checkbox"/> Employees of Event Holder	—
<input type="checkbox"/> Parent Chaperones	—	<input type="checkbox"/> Volunteers	—

29. Security will be: Armed Unarmed # of Persons: N/A

30. Is the Event being advertised or promoted? Yes No If yes, how? (Include all methods)

- | | | | |
|-------------------------|---|-----------|---|
| Television | <input type="checkbox"/> Yes <input type="checkbox"/> No | Radio | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| News Paper | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Brochure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Handout or Announcement | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Billboard | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Poster | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Event Web site | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Social Media
Describe

Website address

31a. Will alcoholic beverages be served? Yes No If yes,
 1) Will you charge a fee or collect a ticket? Yes No
 2) Do people pay to attend? Yes No
 3) Do you receive a donation? Yes No

31b. Type of Alcoholic Beverage: Beer Wine or Champagne Mixed Drinks or Full Bar N/A

31c. Estimated sales receipts for Alcoholic Beverages N/A

31d. Do you have a caterer or vendor serve or sell the alcoholic beverage?
 Yes No

If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? Yes No

31e. How many different locations at the Event will alcoholic beverage be served or sold? N/A

31f. Are you required to obtain or have a liquor license for your Event? N/A
 Yes No

31g. What management practices do you have in place to monitor and control the consumption of alcoholic beverages? N/A

Yes No Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.

Yes No Everyone must show identification to receive an alcoholic beverage.

Yes No Individuals over the legal drinking age receive a wristband or other form of identification.

Yes No There is a limit of two servings provided to any one individual per visit to the concession.

Yes No

Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.

Yes No

The concession or bar is closed at least one hour prior to the end of the Event.

32. Does your Event include any athletic or recreational activity? Yes No

If yes, list each activity, the date of the activity and the number of participants each day.

Date

Activity

of Participants

Poker Run on OHV Trails

approx 200

33.a Explain your procedure for collecting and keeping Waivers and Release of Liability Forms, which have been signed by all participants. (The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability).

The waiver + release is part of the registration form
See attachment C

33.b Provide a copy of the Waiver and Release of Liability, which will be signed by all participants. *see attachment C*

34.a Will your Event have music? Yes No
If yes, what type of music? Live Music Disc Jockey Stereo/CD Player

34.b What type of music will be played? Indicate all types, which will be played. N/A

- 1950's/1960's
- Acid Rock
- Alternative
- Big Band
- Blues
- Bubblegum
- Classical
- Country Soul
- Country & Western
- Death Rock
- Disco
- Ethnic or Foreign Culture

- Folk
- Funk
- Goth
- Goth Metal
- Hard Rock
- Heavy Metal
- Hip Hop
- Industrial
- Jazz
- New Wave
- Pop
- Psychedelic

- Punk
- Rap
- Rave
- Reggae
- Rockabilly
- Ska
- Soft Rock
- Soul
- Symphony
- Techno
- Other

Describe

35. Does the Event include any of the following activities? If yes, describe the activity on a separate page.

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Inflatable Activities (please provide a list of each Inflatable Activity)

Animals or Animal Acts

Climbing Wall

Horseback Riding or use of Horses

Skate Board Activities

Roller Blade or Roller Skate Activities

Bicycle or Unicycle Activities

Watercraft Activities or Use

Use or Demonstration with Guns

Use or Demonstration with Fire

Use or Demonstration with Chemicals

Providing Medical or Chiropractic Information or Care

Any Construction or Demolition Work

Any use of Scaffolding or Elevated Platform more than 4 feet above ground level

If yes, please explain:

36. Does the Event include any of the following? Claims arising out of each is excluded under this insurance policy.

- | | | |
|---|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Aircraft, Balloon Ride or Gliders |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | All Terrain Boarding |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Base Jumping |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Bouldering |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Boxing, Wrestling, Hockey, Contact Karate or Martial Arts, Football, Lacrosse or Rugby |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Bungee Jumping |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Circus Acts or Carnival Rides |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Concerts exceeding 6 hours of performance time |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Concert or Dance with Mosh Pit |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Diving, Platform Diving or Spring Board Diving |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Hang Gliding |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Kayaking, Rafting or Canoeing |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Mechanical Amusement Ride |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Motorized Sporting Equipment <i>Participant Provided OTVs</i> |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Mountain Biking |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Power Boats |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Professional Sporting Activity; Games, Races or Contest of a professional nature with cash prize |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Pyrotechnics, Fireworks, Explosives, Black Powder |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Rap, Heavy Metal or Rock Concert |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Rock Climbing |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Rodeo and Roping Events (including practice) |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Skin Diving |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Scuba Diving |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Sky Diving |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Tractor Pull/Truck Pull |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Trampoline |

37. Have you held this Event or a similar Event in past years? Yes No *August 2020*

If yes, please list all claims arising during the past five years from the Event. None

Date of Claim	Claimant	Description	Paid to Date	Total Expected

38. Do you require that any vendors or Event service providers provide Certificates of Insurance and name you and the property owner as Additional Insureds?

Yes No

If yes, provide a copy of the Certificate of Insurance from the vendors or service providers from whom you have received Certificates and Additional Insured Endorsements.

39. Do you have an Emergency Evacuation Plan? Yes No
If yes, explain how Event Management and Event Attendees are notified.

40. Will there be Medical Personnel present at the Event? Yes No If yes, identify the number of:

Doctors	_____	EMT/EMS	_____
Paramedics	_____	Other	_____
Nurses	_____		_____

41. Is there an Ambulance on site? Yes No

42. The following items are required to be submitted with this information form.

- 1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them.) *N/A*
- 2) Copies of all Brochures, Promotional Materials and Event Advertising.
- 3) Copy of the Complete Schedule of Events or Activities. *attached & Poker Run map attachment*
- 4) Copy of the Waiver and Release of Liability to be signed by Participants in any recreational or athletic activity. *attached*

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

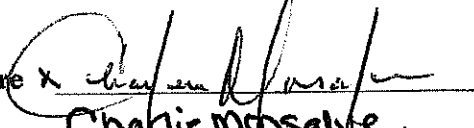
The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to Special Event Liability Group Insurance Trust. Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature *x*  Title Event Coordinator Date *x* 3/8/21
Name Charlie Monsalve
(Owner, Partner or Officer)

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

Attachment A

Registration Venue/Bent Elbow (8/20/21):

- Registration will be outside in the Bent Elbow Parking Lot.
- Registration will be open from 8:00 a.m. to 8:00 p.m. to help mitigate crowds gathering.
- We will follow San Juan County's PHO on masks and distancing as of the date of the event.
- If required by the PHO, we will have masks and hand sanitizing stations available for all registrants.
- We will work with the Chamber to create a COVID-19 pamphlet on education and best practices regarding current county regulations as of the date of the event. We will also provide a pamphlet on back country trail education.
- We will cap our participant registration at whatever the PHO is on the date of the event.

Poker Run Venue/OHV Trails: 1) Eureka; 2) Animas Forks; 3) California Pass; 4) Upper Ross Basin; 5) Cork Screw (8/21/21):

- The Poker Run route will take approximately 2.5 hours.
- By holding the Poker Run between the hours of 8:00 a.m. and 6:00 p.m., the route will be no more congested than a normal Saturday in the summer.
- We will have masks and sanitizer at each Poker Run stop if required.
- Participants will ride up to the volunteer in their vehicle to be dealt their card, thus ensuring that participants stay 6 feet apart as currently required.

Bent Elbow Venue (8/21/21):

- All scorecards will be turned in at the Bent Elbow between 10:30 a.m. and 6:00 p.m.
- All volunteers will follow PHO mask and distancing regulations as required as of the date of the event.
- We will follow PHO guidelines on masks and distancing as of the date of the event.
- We will have masks and hand sanitizer available for all participants if necessary.

Awards Ceremony Venue/Bent Elbow (8/22/21):

- Awards Ceremony will be held in the Bent Elbow parking lot from 10:00 a.m. to 12:00 p.m.
- We will follow San Juan County's PHO on masks and distancing as of the date of the event.
- If required by the PHO, we will have masks and hand sanitizing stations available for all registrants.

Attachment B

Special Event Liability Insurance Policy Coverages and Conditions Disclosure to Event Holder

Insurance Companies and Best's Ratings:
(as of 1/1/2020)

Colony Insurance Company. - A XII

Name Insured:

Permit Holder, Renter or Event Holder

Additional Insured:

CIRSA Member and/or Other Additional Insureds as Scheduled

Policy Form:

ISO Occurrence Commercial General Liability Form (CG0001) including Premises/Products and Completed Operations, Personal and Advertising Injury, Contractual Liability, Host Liquor, (Full Liquor Liability is included when a separate premium has been charged) and Broad Form Property Damage.

Coverage Limits:

\$ 2,000,000 General Aggregate (Per Certificate)
\$ 2,000,000 Products/Completed Operations Aggregate
\$ 1,000,000 Personal and Advertising Injury
\$ 1,000,000 Each Occurrence
\$ 1,000,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ 1,000,000 Liquor Liability Each Occurrence – when purchased

Deductible:

None

Premium:

The CIRSA member will be responsible for premium collection.

Special Conditions:

- 1) Coverage is primary and any insurance carried by the Additional Insured is excess and not contributing.
- 2) Bodily Injury claims to participants are not excluded.
- 3) Vendors, Exhibitors, and Concessionaires at an event can be added as Additional Insured for an additional premium charge.
- 4) Excluded: Terrorism. On behalf of the Risk purchasing Group and each member, the trustee has declined coverage for the Terrorism Risk Insurance Act (TRIA).
- 5) Excluded: Sexual Abuse and Molestation.

This information is provided only as a general summary of the coverages that apply. All coverages are governed by the terms, conditions, exclusions, and limits stated in the applicable coverage documents. **This summary should not be relied on as a substitute for review of those documents.**



Special Conditions: (Applicable if box is checked)

Special Event Liability Group Insurance Trust is an Insured Risk Purchasing Group, using the following insurance companies to provide liability insurance for Member Event Holders:

Colony Insurance Company

Best's Rating: A, XII

Your quotation is subject to the following items:

It is a requirement that each participant, coach, manager, instructor or official in each activity listed below, and their parent or legal guardian if the participant is under 18 years of age, sign a Waiver and Release of Liability form protecting each of the following entities:

Activities: _____

Entity(ies) to be released from liability: _____

The liability insurance provided by this insurance policy(ies) will not defend or pay for a claim for bodily injury to a participant in the above listed activity(ies), if the participant did not sign a Waiver and Release of Liability form.

An acceptable Waiver and Release of Liability form has been provided for your use. (Must use program Waiver OR Waiver reviewed and approved by Program Manager.)

It is a requirement that the company or vendor providing the following activity or service(s), name each of the following entity(ies) as additional insured on their General Liability insurance:

Activity(ies)/Services: _____

Entity(ies) to be included as Additional Insured(s): _____

Policy contains a terrorism exclusion. On behalf of the Risk Purchasing Group and each member, the trustee has declined coverage for the Terrorism Risk Insurance Act (TRIA).

July 13, 2020

Lisa K. Branner, Community Relations Manager
Town of Silverton
P.O. Box 250
Silverton, CO 81433

Dear Lisa,

Attached is the special events quote for The First Annual Bent Elbow Poker Run of Silverton along with any special conditions required by the carrier, if applicable.

Coverage for this event will be bound **only** upon the receipt of the attached acceptance form. If CIRSA does not receive a response within **five (5) working days** before the scheduled event, coverage may not be bound. If we are unable to bind coverage, we will let you know.

In addition, the attached Special Event Liability Group Insurance Trust Notice to Policyholder and Special Event Liability Insurance Policy Coverages and Conditions Disclosure to Event Holder must be provided to each event holder at the time they apply for coverage.

Please note, in order to cancel events after they are bound and certificates of insurance have been issued, the broker requires that the original certificates sent to the Event Holder and the Member must be returned, via US Mail and received by CIRSA prior to the first event date. Therefore, due to COVID-19, we will not bind and issue certificates of insurance until one week prior to the event date, unless otherwise requested by you. This will eliminate the cumbersome cancelation process if the event is canceled after binding has been requested.

Please call me if you should have any questions or need further information.

Sincerely,



Jessica M. Cowlshaw, CIC
Senior Underwriting Representative

Enclosures



**NOTICE OF ACCEPTANCE/REJECTION OF AGREEMENT
FOR SPECIAL EVENTS COVERAGE QUOTATION**

Please complete, sign and return this form to CIRSA.

This is to notify CIRSA that the **Town of Silverton** accepts/rejects the special events coverage quotation for The First Annual Bent Elbow Poker Run of Silverton, including the attached special conditions required by the carrier, to be held on August 14, 15 & 16, 2020.

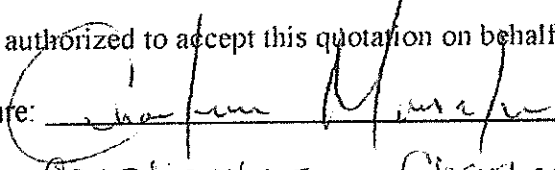
We accept the quote of \$522.34.

We reject coverage.

****THE PREMIUM IS FULLY EARNED THE FIRST DAY OF THE EVENT.****

Do not send the premium with this form. CIRSA's Finance Department will send an invoice for the event. Your entity is responsible for collecting the premium from the event holder and the event holder should make checks payable to your entity.

The undersigned is authorized to accept this quotation on behalf of the **Town of Silverton**.

Authorized Signature: 

Title: Event Coordinator, Charlene Monzave

Date: 7-14-2020





Town of Silverton
1360 Greene Street | PO Box 250
Silverton, CO 81433
(970) 387-5522

XBP Confirmation Number: 96105400

Transaction detail for payment to Town of Silverton.		Date: 03/16/2021 - 2:37:44 PM
Transaction Number: 144643331PT Visa — XXXX-XXXX-XXXX-1419 Status: Successful		

Account #	Item	Quantity	Item Amount
	KMCC Rent	1	\$522.34

Notes: Poker Run

TOTAL: \$522.34

Billing Information
Charlene Mosalvo
, 81433

Transaction taken by: kfries



Confidentiality and Assignment Agreement

This Confidentiality and Assignment Agreement (the "CAA") is effective as of this March 9th, 2021, ("Effective Date") by and between the undersigned individual ("Temporary Resource") and the undersigned supplier ("Supplier"). For purposes of this CAA, Temporary Resource and Supplier each will be referred to individually as a "Party" and together as the "Parties."

Supplier and Truist Bank ("Truist") have entered into a Temporary Staffing Services Agreement (the "Staffing Services Agreement") whereby Supplier will provide Truist and certain affiliated companies with certain services ("Staffing Services"). Temporary Resource has agreed to assist in performing all or portions of the Staffing Services on behalf of Supplier. In consideration of Supplier's referral of Temporary Resource to Truist in connection with the Staffing Services, Temporary Resource hereby agrees as follows:

1. Confidential Information.

1.1 Definition of Confidential Information. "Confidential Information" includes, but is not limited to, the following information relating to or provided by Truist its affiliates, or a third party providing such information to Truist whether such information is written or oral, electronic or in other form: advertising, branding and branding related information, business systems and practices, business strategies, compensation and compensation practices, customer surveys, customer lists, designs, diagrams, drawings, financial information, flowcharts, forecasts, ideas, inventions, know-how, manuals, markets, marketing plans, operations, organizational charts, personnel files, personnel information, personnel lists, policies, processes, products and product plans, proposals, questionnaires, reports, research, sales practices, services, software, software developments, strategies, technical descriptions, trade secrets, information exchanged between the Parties regarding potential Staffing Services that Supplier may provide to Truist and which potential service could be contracted under this Agreement, and any other information that the disclosing Party designates, orally or in writing, as confidential or which the receiving Party should reasonably know is confidential. Confidential Information also includes information used in the performance of Staffing Services, and any reports or documents that include, summarize, are based on or refer to Confidential Information and all derivative works of any Confidential Information.

2. Obligations Regarding Confidential Information. Temporary Resource acknowledges and agrees that the Confidential Information will remain the sole and exclusive property of Truist, its affiliates, or a third party providing such information to Truist. The disclosure of the Confidential Information to Temporary Resource does not confer upon Temporary Resource any license, interest, or right of any kind in or to the Confidential Information and is solely for the purpose of performing the obligations of Temporary Resource to Supplier and Truist. No licenses, express or implied, under any intellectual property rights are granted by Truist to Supplier or Temporary Resources under this CAA. Temporary Resource agrees to return to Truist, upon request, all Confidential Information and all materials developed by or on behalf of Temporary Resource containing or based upon the Confidential Information. Subject to the terms set forth in this CAA, Temporary Resource may not copy or disclose the Confidential Information to any other person or entity without Truist's advance written permission, and will use his/her best efforts to protect the Confidential Information from disclosure. Temporary Resource's obligations of confidentiality will apply during the term of his/her relationship with Truist and its affiliates and will continue indefinitely after the termination of that relationship. If Temporary Resource should breach or threaten to breach any provision of this **Section 2**, Truist, in addition to any other remedy it may have at law or in equity, will be entitled to seek a restraining order in order to specifically enforce this CAA. Temporary Resource specifically acknowledges that money damages alone would be an inadequate remedy for the injuries that Truist or its affiliates would suffer as a result of such a breach.

3. Work Product. For purposes of this CAA, "Work Product" means all original works of authorship and all inventions, discoveries and developments (whether or not patentable), including without limitation, data, materials, documentation, computer programs, images (still or film), audio, video, graphics, artistic works, reports, information, contents of a database, and computer source code, including all worldwide rights under patent, copyright, trade secret, confidentiality or Confidential Information (as defined above), or other property right, created, developed, or discovered, in whole or in part, by Temporary Resource, whether prior to the date of this CAA or in the future, and that either: (a) is created within the scope of the performance of the Staffing Services; or (b) has been or will be paid for by Truist.

4. Ownership of Work Product. All Work Product will be considered work made for hire by Supplier, its subcontractors, or Temporary Resource and owned by Truist. If any of the Work Product should not, by operation of law,

be considered work made for hire for Truist, or if ownership of all right, title, and interest in the Work Product will not otherwise vest exclusively in Truist, Temporary Resource hereby assigns to Truist, and upon the future creation thereof automatically assigns to Truist, without further consideration, ownership of all Work Product. Truist will have the right to obtain and hold in its own name patents, copyrights, registrations, and any other protection available in any jurisdiction as may be necessary or desirable to transfer, perfect, and defend Truist's ownership of the Work Product. Temporary Resource agrees to fully and promptly cooperate with all requests by Truist to perfect, evidence, and defend ownership by Truist of such Work Product.

5. Work Product Representations and Warranties. Temporary Resource represents and warrants to Truist: (a) that all Work Product produced by Temporary Resource for Truist will be an original work of authorship, invention, development or discovery by Temporary Resource, and will not incorporate or be based on any works, inventions, developments, discoveries, or information belonging to any third party ("Third Party Materials") without the express prior written consent of Truist; and (b) that to the extent that any Third Party Materials may be contained in the Work Product a Temporary Resource intends to deliver to Truist, Temporary Resource will so notify Truist in writing and in advance of delivering such Work Product, and Truist will be entitled in its sole discretion to accept or reject such Third Party Materials and Work Product.

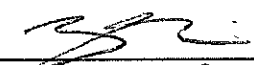
6. Security, Privacy. If the Staffing Services are to be performed in whole or in part on Truist's premises, and without limiting any other obligation of Temporary Resource or Supplier, Temporary Resource will conduct the Staffing Services in such a manner as to conform to Truist's policies, procedures and requirements regarding security, including the obligations of Supplier regarding physical and information security and privacy in the Staffing Services Agreement.

7. Applicable Law. This CAA will be governed and construed in accordance with the laws of the state of North Carolina.

8. Third Party Beneficiary. Temporary Resource and Supplier acknowledge and agree that this CAA is entered expressly for the benefit of Truist, and that Supplier has engaged Temporary Resource for the purpose of providing Staffing Services to Truist and its affiliates in accordance with the terms of the Staffing Services Agreement. Truist will be for all purposes a third party beneficiary of Supplier's rights under this CAA, and therefore entitled to enforce its terms and conditions against Temporary Resource as if Truist were a party hereto, with or without the consent of Supplier.

9. Rider. The Rider to the CAA, attached to Exhibit 4 as Attachment 1, will supplement and, in the event of conflict, will supersede the terms and conditions set forth in the CAA solely as they related to Supplier's provision of Staff Augmentation Services to Truist and provision of Temporary Resources for Truist Audit Services.

Supplier: Lewis James Professional
By: _____
Printed Name: _____
Date: _____

Temporary Resource's Signature: 
Printed Name: Thomas Reine
Date: 3/9/2021



Town of
Silverton

**Notice of Intent to Conduct a Special Event or Civic Function
Within Incorporated Town Limits**

Date of Notice: 4/1/2021 Organization Holding Event: 2nd Annual Bent Elbow Poker Run

Contact Name: Charlene Monsalve Phone#: (310) 874-2990

Contact E-Mail: cj.monsalve@icloud.com

Contact Address: PO Box 968 / 902 Empire Unit A

City: Silverton State: CO Zip: 81433

Event Description: _____

See Attached

Event Date(s): _____ Event Times: _____ to _____

Proposed Event Location/Route/Road Closure/Parking Plan:
(Please refer to attachment requirements)

See Attached



Town of Silverton

Event Scope: (list # of participants, employees and volunteers expected and events planned)

Will this event have vendors? _____ YES NO
Will this event serve food and drinks? _____ YES NO
Will this event have alcoholic beverages? _____ YES* NO

***If YES, A Special Event Liquor License Will Be Required.**

Will this event have ticket sales or an admission fee? YES NO
Will there be camping during this event? _____ YES NO
Will Animals, Dangerous Vehicles or Materials, or Explosives be used for this event?
_____ YES* NO

***If YES, Please Explain & Provide Proof of Approval from the Fire Dept.**

We will have an admission fee to participate in the event. The entire Poker Run will take place on BLM land not in the town.

Compliance Agreement

The undersigned hereby certifies that I/we agree to assume any and all responsibility and to abide by all rules, regulations and conditions as set forth in the town of Silverton rules, regulations, conditions and stipulations of this permit, and codes for traffic control. The undersigned shall follow the manual on uniform traffic control devices, latest edition, as it relates to this permit and special conditions. If any requirements or conditions of this permit are not in compliance, the permit shall be revoked by order of the Code Enforcement Officer. I/we agree to vacate the right-of-way as directed by the Code Enforcement Officer.

Release & Indemnification

In consideration for being permitted to enter upon the property of the Town of Silverton or personal property included in filming, or for the purpose of conducting business or events upon said premises, I, the undersigned, hereby acknowledge, represent and agree as follows:

- I acknowledge that my presence on the Town's property may involve risk of injury, loss or damage.
- I expressly assume all risks of injury, loss, damage to myself or any third party arising out of or in any way related to my presence on the Town's property.



Town of
Silverton

- I exempt, release, and discharge the Town, its officers, its employees, and its agents from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to my presence on the Town's property.
- I agree to defend, indemnify, and hold harmless the Town, its officers, employees, agents, insurers, and self-insurance pool from and against all liability claims, and demands on account of injury, loss or damage which arise out of or are in any way related to my presence on the Town's property.
- **I further agree to be fully responsible for and to render payment to the Town for, any damages to the Town's property, which occurs during my use of such property and which is in any way related to my presence on or use of Town property.**

This Release and Indemnification Agreement shall be effective as of the date set forth below and shall be binding upon me, my successors, representative, heirs, executors, assigns, transferees, and any other person(s) who may enter the premises upon my invitation.

Executed this ^x 16th day of March, 20 21 by the person whose name and signature appear below.

Signature of Responsible Party

^x Charlene J. Monsalve

Printed Name: Charlene J. Monsalve

Please attach to this application documents showing the following:

1. Location Map – The Location Map should include clearly marked boundaries and any detour(s), barrier(s) proposed, parking area, security arrangements, and medical personnel location(s).
2. Provide a detailed copy of your Emergency Operations Plan.
3. Certificate of Liability Insurance Naming the Town of Silverton, all Vendors and Event Participants as additionally insured.
4. Written permission from property owner to occupy the premises for proposed event.



Town of
Silverton

Official Use Only Below this Line

Department	Approval	Disapproval	Date
San Juan County Sheriff			
Silverton Public Works Director			
Silverton Board of Trustees			
Silverton/San Juan EMS			
If Explosives Silverton/San Juan Fire			

Public Hearing Advertised On: _____ Public Hearing Held On: _____

Action of the Board of Trustees: _____

Fee Paid: _____ Attest: _____

Date: _____

SAN JUAN COUNTY
SPECIAL EVENT PERMIT

Name of Person, Group or Organization Requesting Special Use Permit: ~~San Juan~~ Second Annual Bent Elbow Poker Run

Location of Special Event: Bent Elbow Parking Lot for Registration + Awards/San Juan Back Country
for Poker Run: 8/20/21 Registration Bent Elbow Parking Lot 8:00 am - 8:00 pm
8/21/21 Poker Run 8:00 am - 6:00 pm

Date and Times of Event: 8/22/21 Awards Bent Elbow Parking Lot 10:00 am - 12:00 pm

Nature or Type of Event: Poker Run - utilizing 4 wheel drive vehicles in the back country

Types and Amounts of Alcoholic Beverages to be Served: none

Provide Proof of Adequate Insurance Coverage for the Event: attached

State and Local Liquor License Required: Yes _____ No X

If Yes, Provide Proof of Licensing.

If No, Explain Why Not:

It is simply a poker run - no food or beverages will be provided

Provide a brief description of applicant's plan for regulating the serving of alcohol to prevent over-serving and the serving of minors.

N/A

Charlene Masala
Signature of Applicant

3/16/21
Date

NOTES: SHERIFF, EMS/AMBULANCE, AND COUNTY RD. & BRIDGE DEPT. APPROVALS ARE REQUIRED. LISA ADAIR WILL FORWARD APPLICATION TO THOSE AGENCIES. THE COUNTY HAS AN APPLICATION FEE WHICH HAS NOT BEEN PAID. LISA ADAIR WILL ASK WILLY TOOKEY ABOUT THAT FEE. THE COUNTY ROADS PASS THRU BLM, USFS, AND PRIVATE LANDS. NO LAND OWNERSHIP INFO WAS SUBMITTED. HOWEVER IF THE EVENT IS CONFINED TO ONLY LANDS WITHIN 30 FEET OF C.R. CENTERLINES, AND NOT BEYOND 30 FEET OF C.R. CENTERLINES, THEN PUBLIC USE IS PERMITTED (WITHIN 60 FEET C.R. ROW.) Lma

RECEIVED
APRIL 2021
Lma

(35 DUPLICATE PAGES)
(OMITTED FROM SCAN)