

AVON TOWNSHIP
16881 Queens Road
Avon, MN 56310

BICYCLE TOUR / BICYCLE RACE/ MARATHON APPLICATION

1. Applicant name(s): _____
2. Name of Event: _____ 3. Date of Event: _____
4. Type of Event (*circle*): Bike Tour / Bike Race / 5 K / Marathon / Other (specify) _____
5. Sponsoring Organization: _____
6. Affected Roadways: (*list and attach map*) _____
7. Event Date / Time: Date _____ Time Beginning _____ Time Ending _____
8. Coordinator: _____
9. Mailing Address: _____
City, State, Zip
10. Phone: _____ 11. email: _____
12. Brief Description of Proposed Event: (*append map of affected roadways*) _____

Signature: I, the undersigned, understand that approval of this event is based on the following provisions:

1. That a specific time and date is set for the race/tour as above, and such use shall not exceed 6 hours.
2. That all participants and event officials shall obey all Minnesota and local laws pertaining to the use of highway rights-of-way.
3. That there shall be no signed changes to stop or yield conditions at any intersections along the route.
4. That adequate/necessary police coverage for the race is available. Coordination with local police and the Stearns County Sheriff is required. Any cost for this coverage shall be the responsibility of the event coordinator
5. That no stands, buildings, tents or other encroachments be permitted with the highway right-of-way.
6. That the sponsoring organization is responsible for all costs involved, including providing police coverage for traffic control.
7. The sponsoring organization indemnify, save, and hold harmless the Township of Avon and all it agents and employees for all suits, actions and claims of any character brought because of injuries or damages received or sustained by any person, persons, or property on account of any problems, accidents or other issues associated with the event.
8. That I have received approval for this event from Stearns Count Highway Department as necessary.

Signature _____ **date** _____

Township Approval: This application is: _____ approved _____ denied.

Official Signature: _____ date: _____
Print name: _____

The following individual will be the contact person for the Township during the event and may require a meeting with the applicant to review the proposal and route prior to the event.

Name: _____ telephone: _____