



CITY OF SALEM, MASSACHUSETTS
PARK, RECREATION & COMMUNITY SERVICE

401 Bridge Street, Salem MA 01970

Tel. (978) 744-0924

pobrien@salem.com

Dominick Pangallo
MAYOR

Trish O'Brien
Superintendent

WALK RACE PARADE APPLICATION

PLEASE SUBMIT EVENT FEE NO LATER THAN 60 DAYS PRIOR TO EVENT.

REGISTERED NON-PROFIT ORGANIZATION EVENT FEE - \$150.00

FOR PROFIT ORGANIZATION EVENT FEE - \$200.00

**ANY FOR PROFIT EVENTS WILL REQUIRE AN ADDITIONAL 5% FROM THE
REGISTRATION FEES POST EVENT.**

We, the undersigned, respectfully apply for permission to host a walk/race/parade in the City of Salem as follows:

Applicant's Name: _____

Organization Name: _____

Name of Race/Walk/Parade: _____

Contact #: _____ E-Mail Address _____

Address: _____

City/State/Zip: _____

Organization Tax Status (please include Tax ID Number): _____

What Charities Will This Race/Walk Be Benefiting?

Approximately How Much of the Race/Walk/Parade Proceeds Will Be Donated to Each Charity(s)

Day of Race/Walk Contact Information:

Name: _____ Contact #: _____

Date of Event: _____ Estimated Number of Participants: _____

Time of Event: _____ Estimated Finish Time of Event: _____

Start Location: _____ Finish Location: _____

Distance of Event: _____

Has This Event Been Held Before? ____ Yes ____ No
All Races/Walks/Parades Are Required to Recycle and Remove Trash.

Onsite EMT/Ambulance Service (Required): ____ initial
Please Attach a Map of the Race/Walk/Parade Route With the Following Items:

1. Race/Walk Course
2. Direction of Runners Through the Race/Walk course with a street by street description.
3. Starting and Finishing Points
4. Meeting Points For Racers Before and After the Race/Walk
5. Last year's race financials

Certificate of Insurance Attached? ____ Yes ____ No

A certificate of insurance for general liability naming the City of Salem as primary additional insured for amount not less than \$1,000,000 combined single limit for injury or death or property damages (including loss of use) in any one occurrence, and \$2,000,000 general aggregate coverage. (The City of Salem reserves the right to increase coverage minimum if event presents extraordinary risk).

RELEASE & INDEMNITY AGREEMENT APPLICANT'S SIGNATURE *The undersigned Sponsor, by signature below, shall defend, indemnify, and hold the City of Salem, its officers, agents and employees, harmless against all liability, loss, or expenses, including attorney's fees, and against all claims, actions or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission of an act sustained in any way in connections with the performance of this event or by conditions created thereby, or based upon violation of any statute, ordinance or regulation. This contractual indemnity provision does not abrogate common law or statutory liability and indemnification to the City of Salem, but is in addition to such common law or statutory provisions.*

Date: _____

Applicant's signature

Name of applicant

A copy of this permit will be sent to the applicant upon approval. Please call Park, Recreation & Community Services if you have any questions. 978-744-0924

CITY USE ONLY

Payment Received: _____ chk # _____ amt: _____ Date Permit Issued/Sent: _____ / _____

Approved By:

Director (Or Designee) of Salem Park, Recreation & Community Services

Salem Police Department

Effective date of form: 2/8/12

Revised date of form: 1/3/25

Commission _____ P.D. _____ Council _____