



## APPLICATION FOR BICYCLE RACE PERMIT

	PERMIT NO.
RACE NAME	RACE DATE

RACE TYPE:  ROAD RACE       STAGE RACE       BIATHLON/TRIATHLON  
 CRITERIUM       TIME TRIAL       OTHER \_\_\_\_\_

COURSE INFORMATION:  TOTALLY CLOSED       PARTIALLY CLOSED       TOTALLY OPEN

(EXPLAIN IN RACE DESCRIPTION)

WILL THE EVENT BE SANCTIONED BY THE UNITED STATES CYCLING FEDERATION?  YES       NO

RACE DIRECTOR OR ORGANIZER	TELEPHONE NUMBER
ADDRESS	
CLUB AFFILIATION OR SPONSORS	ESTIMATED NUMBER OF PARTICIPANTS

I (we), \_\_\_\_\_

hereby make application for a bicycle race permit upon the right of way \_\_\_\_\_

between MILE POINT \_\_\_\_\_ and MILE POINT \_\_\_\_\_ on \_\_\_\_\_ DATE \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_.

I (we) agree to strictly conform to the exhibits attached hereto, subject to all terms, conditions, agreements, stipulations and provisions contained in the application and permit, and the guidelines, rules and regulations, as set forth by Oregon Administrative Rules 734-056 Special Event Permits.

RACE DESCRIPTION: (ATTACH RACE MAP)

Prior to the event, I (we) agree to review the course to determine potential problems that could endanger riders and equipment and to notify the participants of them. If we determine the problems to be severe, I (we) agree to cancel the race.

Permittee **must** provide a certificate of insurance as evidence of an existing Comprehensive or Commercial General Liability Policy, including contractual liability coverage, with limits not less than \$500,000 combined single limit for all claims arising out of a single accident or occurrence, and naming the State of Oregon, Department of Transportation as additional insured.

PERMITTEE SHALL DEFEND, HOLD HARMLESS AND INDEMNIFY THE STATE OF OREGON, DEPARTMENT OF TRANSPORTATION AND ITS OFFICERS, AGENTS, EMPLOYEES AND MEMBERS FROM ALL SUITS OR ACTIONS WHICH MAY RESULT FROM ANY ACTIVITY BY THE PERMITTEE, ITS OFFICERS, SUBCONTRACTORS, AGENTS OR EMPLOYEES.

NAME (PLEASE PRINT)	ADDRESS
SIGNATURE	CITY STATE AND ZIP CODE
DATE (MINIMUM OF 60 DAYS PRIOR TO RACE)	TELEPHONE AND FAX NUMBERS



# BICYCLE RACE PERMIT

## SPECIAL PROVISIONS

DATE	PERMIT NUMBER
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RACE NAME
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**THIS PERMIT IS SUBJECT TO THE FOLLOWING CONDITIONS:**

1. If the race involves other road authorities, approvals must be obtained and coordinated with those road authorities.
2. Approval of a Traffic Control Plan that follows the recommended permit conditions contained in the current "Guidelines for Administration of Bicycle Racing on Oregon Roads". This Traffic Control Plan shall include appropriate advance race notifications, warning signs, corner marshals, race field sizes, race escorts, traffic detours or delays, etc.
3. Completion and acceptance of "Checklist for Road Agencies and Promoters" that is included in the "Guidelines for Administration of Bicycle Racing on Oregon Roads"
4. Additional conditions and requirements: **FOR ODOT USE ONLY**

APPROVED       DENIED

ISSUED BY DISTRICT \_\_\_\_\_ MANAGER

\_\_\_\_\_  
DISTRICT MANAGER OR DESIGNEE SIGNATURE

\_\_\_\_\_  
DATE