



LEE'S SUMMIT MISSOURI

Special Event Permit Application Form

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

SPECIAL EVENT: Yoga and Zumba with Christa

☒ Athletic Event ☐ Mobile Food Vendor ☐ Event Signage ☐ Other

EVENT DATE(S): Sunday, June 27th EVENT TIME(S): 12 to 2pm

EVENT LOCATION/ADDRESS: LS City Hall steps

220 SE Green St. ZONING OF PROPERTY: _____

APPLICANT: Christa Colwell PHONE: 816/668-4581

CONTACT PERSON: Christa Colwell FAX: _____

ADDRESS: 517 NW Frances Dr. CITY/STATE/ZIP: LS, MO 64063

PROPERTY OWNER: _____ PHONE: _____

CONTACT PERSON: _____ FAX: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PROPERTY OWNER

Christa Colwell
APPLICANT

Print name: _____

Christa Colwell

Administrative Notes (do not write below this line)

Approved Development Services Department



Special Event Permit Checklist

***A Completed Checklist Must Be Submitted With Each Special Event Permit Application**

Submittal Requirements	Yes	No
Completed Special Events Application	X	
Ownership signature/permission		
Filing fee – See Schedule of Fees and Charges for applicable fee	X	
Checklist for Special Event Application	X	

*** Applications missing any required item above will be deemed incomplete.**

Table 1. General Application Requirements				
UDO Article 11., Sec. 11.060	Ordinance Requirement	Met	Not Met	N/A
A. Application Required.	A Special Event Application shall be submitted for any Special Event requiring a Special Event Permit, as outlined above under "Permit Required."	X		
B. Application Deadline	A complete application shall be submitted at least 20 calendar days prior to the requested start date of a Special Event. The Director shall have the authority to waive the application deadline.	X		
C. Submission Requirements.	The application shall set forth and contain the submission requirements as stated in the UDO Article 11.060.C.1-14	X		
C.1. Name of Event	Name and/or brief description of the event.	X		
C.2. Description of City Services	Description of City Services required for the event such as traffic control, street sweeping etc.			X
C.3. Fees	Fees as required. See the Schedule of Fees and Charges for applicable fee	X		
C.4. Narrative	A written narrative, fully describing the proposed event, including: 7. Location 8. Hours of operation 9. Anticipated attendance 10. Buildings or structures to be used in conjunction with the event 11. Proposed signs or attention attracting devices 12. Public streets to be used, if any	X		
C.5. Statement	A statement that the standards set forth in Article 11, of the UDO, have been satisfied.			
C.6. Site Plan	A site plan in the form and the level of detail as required by the Director, showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets, and property lines.	X		



Special Event Permit Checklist

***A Completed Checklist Must Be Submitted With Each Special Event Permit Application**

Met	Not Met	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Applicant – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Property Owner – Name, Address and Telephone Number
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Written approval from the property owner agreeing to the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Description of the site on which the proposed event is to be held
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Date(s) of the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. a narrative written description of the proposed event, to include: <ul style="list-style-type: none">• the hours of operation,• anticipated attendance,• any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. A site plan showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets and property lines.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Location and number of proposed temporary public toilets
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Proposed temporary potable water supplies, which shall be approved by the Water Utilities Department, pursuant to applicable City codes.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official



5/10/21

Yoga and Zumba with Christa

This is a proposal to offer a free, safely socially distanced fitness event on Sunday, June 27th from Noon-2pm at the entrance of City Hall led by licensed, Insured fitness Instructor, Christa Colwell residing at 517 NW Frances Drive, Lee's Summit, MO 64063. No resources will be required from The City as Christa will provide a battery-powered music speaker and microphone. Participants will provide their own Yoga mat. Christa will publicize the event using her personal Facebook and Instagram pages informing interested participants that no public services such as rest rooms will be available. All participants will be required to sign a waiver (attached) excluding any and all liability for injury experienced during the event.

Estimated participants based on previous outdoor Yoga/Zumba events is between 30 and 50 people. Christa will be solely responsible for leaving the space exactly as it was found removing any trash, water bottles and/or personal items left behind.

Contact information is Christa Colwell 816/668-4581

ACKNOWLEDGMENT, WAIVER AND RELEASE OF LIABILITY

1. I understand that the program is voluntary and will involve physical exercise activities. I understand that there are inherent risks, whether foreseeable or unforeseeable, connected with participation in the program which may expose me to the risk of illness and/or bodily injury, including death, as well as property damage. I acknowledge the foregoing risks and assume full responsibility for any injury or damage sustained, directly or indirectly, from my participation in the program (including children under the age of 18 if applicable).
2. I agree to release and hold harmless Fitness Instructor Christa Colwell, The City of Lee's Summit and/or Zumba Fitness, LLC and from any and all claims, liability, damages, losses, costs and expenses, including, but not limited to, attorney's fees, resulting from or in any way related to my participation in the program.
3. The parties listed above are not responsible for any loss and/or theft of personal property.
4. In the event of any emergency, I acknowledge that Christa Colwell may activate 911 to facilitate appropriate assessment and possible transport to a medical treatment facility. I shall be responsible for any costs incurred for any and all medical services rendered.
5. I have consulted with a physician before undertaking any sort of physical activity and/or participating in any exercise program. I certify that I am in good health and sufficient condition to actively participate in the program.
6. I understand and agree to adhere to safe social distancing and understand that wearing a mask is my option/choice.
7. **I HAVE CAREFULLY READ, FULLY UNDERSTAND AND VOLUNTARILY SIGN THIS LIABILITY FORM.**

Participant's Name: _____
(PRINT CLEARLY)

Signature of Participant _____ Date _____

Parent/Guardian Signature if under 18 years old

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: Mass Merchandising Underwriting PHONE (A/C, No, Ext): 1-800-506-4856 FAX (A/C, No): 1-260-459-5590 E-MAIL: info@fitnessinsurance-kk.com PRODUCER CUSTOMER ID:																					
INSURED Christa Lynne Colwell DBA: Fitness With Christa 517 NW Frances Dr. Lees Summit, MO 64063 A Member of the Sports, Leisure & Entertainment RPG	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Nationwide Mutual Insurance Company</td><td>23787</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Nationwide Mutual Insurance Company	23787	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** W01942772 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INFO	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6BRPG000007446000	05/10/2021 1:46 PM EDT	05/10/2022 12:01 AM	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td>\$1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$5,000,000</td></tr><tr><td>PRODUCTS - COM/POP AGG</td><td>\$1,000,000</td></tr><tr><td>PROFESSIONAL LIABILITY</td><td>\$1,000,000</td></tr><tr><td>LEGAL LIAB TO PARTICIPANTS</td><td>\$1,000,000</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$5,000,000	PRODUCTS - COM/POP AGG	\$1,000,000	PROFESSIONAL LIABILITY	\$1,000,000	LEGAL LIAB TO PARTICIPANTS	\$1,000,000
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<table border="1"><tr><td><input type="checkbox"/> PER <input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td></tr></table>	<input type="checkbox"/> PER <input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		E.L. DISEASE - EA EMPLOYEE		E.L. DISEASE - POLICY LIMIT									
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement - Limit \$100,000

Certified Instructor of: Aerobics, Aquatic exercise, Belly dancing, Cardio kickboxing, Children's fitness programs, Cultural/ethnic, Exercise, Fitness bootcamp, Flamenco, Hawaiian, Hip Hop, Latin, Personal training, Salsa, Stationary bike/cycling, Strength, Tango, Yoga, ZUMBA ®

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Scott Fink

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas