Oregon Department of Transportation

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 occurence, 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)

_____ SIGNATURE

_____ DATE (MINIMUM OF 60 DAYS PRIOR TO RACE)

_____ ADDRESS

_____ CITY STATE AND ZIP CODE

_____ TELEPHONE AND FAX NUMBERS

Oregon Department of Transportation

BICYCLE RACE PERMIT

SPECIAL PROVISIONS

DATE	PERMIT NUMBER

RACE NAME

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

DISTRIBUTION: Copies to Applicant, files, Section Supervisor, City, County