



Special Event Application

10/4/2023

Standard

135-SE-2023

Event Information

Event Name TEAMS FOR CURES

Event Location 7408 E OSBORN RD

Event URL THEMMRF.ORG/

Event Description THIS EVENT IS FOR MULTIPLE MYELOMA RESEARCH FOUNDATION AND IS A FUNDRAISING WALK TO RAISE FUNDS FOR BLOOD CANCER. THIS EVENT WILL BE TAKING PLACE AT SCOTTSDALE STADIUM, AND WE ARE TRYING TO MAKE THE WALK ADA ACCESSIBLE FOR EVERYONE. WE WOULD LIKE TO USE SOME STREET SIDEWALKS IN SCOTTSDALE TO EXPAND THE WALK AND MAKE IT OVER A MILE LONG.

Event Dates

Event Dates (1)	Start Date	End Date	Participant Attendance	Other Attendance
	SAT 11/18/2023 8:00 AM	SAT 11/18/2023 11:00 AM	200	5

Setup Date FRI 11/17/2023 8:00 AM - 05:00 PM

Teardown Date SAT 11/18/2023 11:00 AM - 05:00 PM

Applicant Information

Applicant MULTIPLE MYELOMA RESEARCH FOUNDATION C/O EVENT 360, INC

Applicant Address 55 E JACKSON BLVD SUITE 1030

Applicant City CHICAGO, IL 60604

Applicant Name KAYLA LEIBFRIED

Title EVENT PRODUCTION COORDINATOR

Phone (872) 895-0314 Email KLEIBFRIED@EVENT360.COM

On-Site Contact KAYLA LEIBFRIED

Title EVENT PRODUCTION COORDINATOR

Phone (872) 895-0314 Email KLEIBFRIED@EVENT360.COM

Applicant Experience I HAVE OVER TWO YEARS OF EXPERIENCE PLANNING ROUTES AND EXECUTING EVENTS THROUGHOUT THE COUNTRY. I ALSO HAVE EXPERIENCE IN ROUTE MARKING, BUILDING AN EVENT FROM SCRATCH AND BRINGING THE EVENTS TO LIFE

Prior Events

Has this event been produced before? YES

Is this an annual event? YES Previous Years : 1

Are there any changes from previous years? YES CHANGES IN LOCATION

Event Elements

Elements CIVIC, CULTURAL, EDUCATIONAL, ENTERTAINMENT, RECREATIONAL

Description THIS EVENT RELATES TO ALL OF THE ABOVE. ITS RECREATIONAL BECAUSE THERE IS A WALK ASSOCIATED WITH THE EVENT. ITS ENTERTAINING BECAUSE WE HAVE SPEAKERS PRESENTING TOPICS ON MULTIPLE MYELOMA. ITS EDUCATIONAL BECAUSE WE TALK ABOUT MULTIPLE MYELOMA AND HOW CAREGIVERS CAN TAKE CARE OF THEIR LOVED ONES. ITS CULTURAL AND CIVIC BECAUSE WE ARE ATTRACTING THE SCOTTSDALE POPULATION AND EDUCATING THEM ON MULTIPLE MYELOMA



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CANCER.

Public Property Criteria

Are there any cross promotions or collaborations with local businesses to encourage sales or visibility? NO

WE ARE PAIRING WITH LOCAL SPONSORS TO GET THE WORD OUT ABOUT MULTIPLE MYELOMA TO INCREASE FUNDRAISING AND VISIBILITY OF THE EVENT.

Explain any anticipated regional, national, or international attendance.

WE ARE HOSTING THIS EVENT FOR PEOPLE IN ARIZONA WHO HAVE HAD, HAVE OR TOOK CARE OF SOMEONE THAT HAS/HAD MULTIPLE MYELOMA BLOOD CANCER.

Is Scottsdale promoted in the special event marketing? NO

Explain how the community benefits from the event from a civic or cultural perspective.

THE COMMUNITY BENEFITS BY GETTING KNOWLEDGE OF MULTIPLE MYELOMA AND ITS AN EDUCATIONAL EXPERIENCE FOR ATTENDEES.

Does your event require a paid fee for participants and/or spectators? NO

Event Equipment

Stages	YES QTY: 1	Tables, Chairs, Furniture	YES
Generators	YES KW SIZE: 7 QTY: 3	Inflatables	YES QTY: 1
Portable Bars	NO	Amplified Sound	NO
Speakers	YES QTY: 1-2	Temporary Restrooms	NO
Fencing	NO	BBQ Grills or Propane Use	NO
Lighting	NO	Tents/Canopies	YES- all inside Scottsdale Stadium
		10' x 10' QTY: 13	10' x 20' QTY: 1

Vendor Sales

Retail Merchandise	NO	Food And Non-Alcoholic Beverages	YES QTY: 1
Food Trucks	NO	Alcohol	NO
Services	YES QTY: 1		

We are partnering with a local massage place to have massage stations for participants. We will also be partnering with local sponsors that help raise funds for events- all inside Scottsdale Stadium

Signage Plan

On-Site Signs? YES QTY: 10 TYPE: BANNER

Off-Premise Signs? NO

Signage Plan Description:

WE WILL HAVE SIGNAGE FOR EACH OF THE TENT ACTIVATIONS. WE WILL ALSO HAVE SIGNAGE ON THE STAGE THAT IS



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WE WILL HAVE SIGNAGE FOR EACH OF THE TENT ACTIVATIONS. WE WILL ALSO HAVE SIGNAGE ON THE STAGE THAT IS MMRF SPECIFIC. WE WILL NEED TO MARK THE COURSE WITH SIGNAGE (A- FRAMES IF POSSIBLE) OR A CONE

Parking Plan

City parking lot	NO	City parking garage	YES
On-street parking	NO	On-site parking	NO
Off-site parking	NO	Shuttle service from off-site parking areas	NO
Valet service	NO	Rider Provider	NO

Parking Plan Description

PARKING WILL TAKE PLACE CIVIC CENTER LIBRARY PARKING GARAGE WHICH IS RIGHT BEHIND SCOTTSDALE STADIUM

Street Use

Street or Alley Use

Street Closure : NO

Public Parking Use

Parking Closure : NO

Sidewalk Use

Sidewalk Closure : NO

Barricade Company

Company Name : WE HAVE BARRICADE IN OUR INVENTORY
Contact Name : KAYLA LEIBFRIED
Phone Number : (872) 895-0314

Entertainment - Amplification/Sound Plan

Entertainment GATE F-
STADIUM - DJ, SPEAKERS

Sound Monitoring

Name : TBD
Company : TBD
Phone Number : (872) 895-0314

Time and type of outside sound and sound check times

11/17/2023 - SOUND CHECK AT 3:00 PM
11/18/2023 - SOUND FROM 7:00 AM - 11:00 AM

Plan for sound monitoring, containment, and mitigation

WE WILL BE INSIDE THE STADIUM AND NOT BY NEIGHBORHOODS. WE WILL MAKE SURE THAT WE CAN HEAR SOUND INSIDE THE STADIUM, BUT NOT OUTSIDE THE STADIUM

Police/Security

Security Personnel

Inhouse Security NO



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Hired Security YES Estimated Number : 2
Company Name : CSC
Contact : ERIC GRANGER
Phone : (818) 674-1238

Off Duty Police YES

Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby YES Estimated Number : 2
Contact : EMSS - CHRISTINA

Fire Apparatus/Personnel Standby Required NO

Insurance

Insurance: Event activities on City/public property must be covered by insurance that protects the event sponsor/applicant and the City of Scottsdale. Various types and levels of liability insurance are required depending on the event. The required coverage and limits will be at the discretion of the Risk Management Division depending on the size and scope of the event. It is recommended that you submit your application and receive a determination on coverage and amounts before purchasing insurance coverage. Please refer to the Special Events Users Guide for more detailed information.

The following is a general guideline of the minimum limits that will be required:

Commercial General Liability Insurance coverage is required for all events with minimum limits of \$1,000,000 Each Occurrence, \$2,000,000 Products & Completed Operations Aggregates, \$2,000,000 General Aggregate. Liquor Liability Insurance of \$1,000,000 to \$5,000,000 Per Occurrence is required for any event where liquor is being served.

All Insurance must endorse the City of Scottsdale as an Additional Insured. A separate insurance addendum with additional insurance requirements may be added to this application and become part of this contract.

I have a race event and have submitted a copy of the participant waiver that includes waiving liability against the city of Scottsdale and holding the city of Scottsdale harmless? NO

I have included a copy of the insurance certificate showing appropriate limits and coverages as required and naming City of Scottsdale as additional insured? NO

Application Authorization

WARRANTY: Applicant warrants that the information provided in this application is true and accurate to the best of Applicant's knowledge and belief.

INDEMNIFICATION: To the fullest extent allowed by law, the Applicant agrees to defend, indemnify and hold harmless the City, its officers, officials, representatives, agents, employees and volunteers from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, the cost of appellate proceedings, and all claim adjusting and handling expenses, arising from or related to any acts or omissions of the permit holder or its agents, contractors and subcontractors related to the Special Event including any claims, damages, or losses resulting from the City's or its employees' or agents' negligence.

The Applicant's signature below authorizes a City representative to inspect a special event on City or private property at any time, including setup.

AUTHORITY: For special events on public property, the Applicant warrants:



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I am the permittee or an authorized agent of the permittee with authority to legally bind the permittee (an agent may sign only if the event is on private property) and agree to the conditions of this permit.


☒ Signature of Applicant - must be the same person listed on application.

Printed Name ROB MIANI

Date 9/28/2023

Title of Applicant CFO





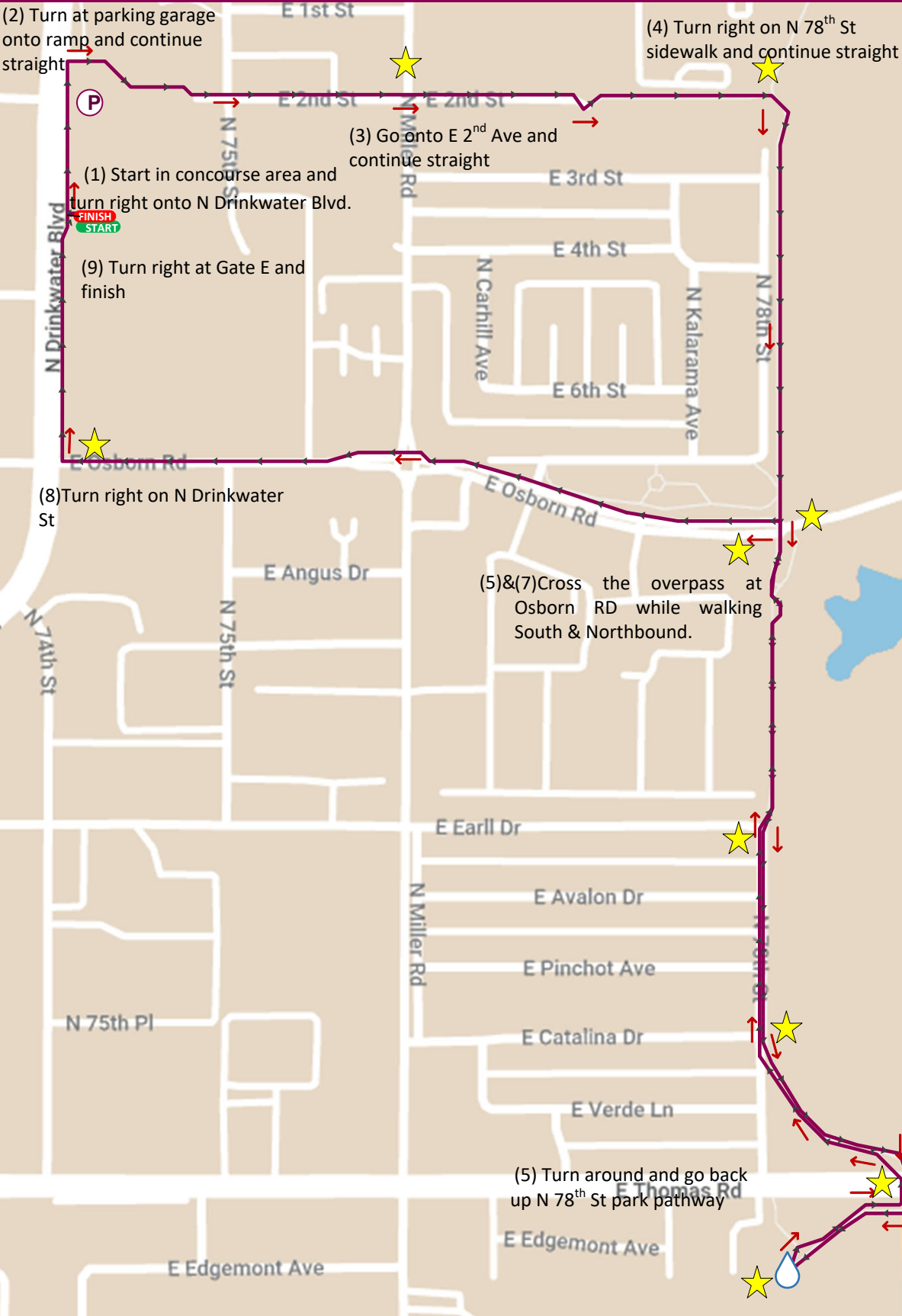
MULTIPLE MYELOMA
Research Foundation

TEAM FOR CURES

EVENT	MMRF Team for Cures: Phoenix
SITE	Scottsdale Stadium
ADDRESS	7408 E Osborn Rd
DATE	Saturday, November 18, 2023
SCALE	1" = 50'



TEAM FOR CURES



SYMBOLS

- Start/Finish
- Parking
- Water Station
- Directional Signage x 26
- Medical
- Course Volunteer x 9

- WRITTEN DIRECTIONS**
- (1) Start in concourse area and turn right onto N Drinkwater Blvd.
 - (2) Turn at parking garage onto ramp and continue straight
 - (3) Go onto E 2nd Ave and continue straight
 - (4) Turn right on N 78th St sidewalk and continue straight
 - (5) Cross the overpass at Osborn Rd and continue on trail path
 - (6) Turn around and go North up N 78th St park pathway
 - (7) Cross the overpass at Osborn Rd
 - (8) Turn left onto E Osborn Rd continue straight on sidewalk
 - (9) Turn right on N Drinkwater St
 - (10) Turn right at Gate E, and finish



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/28/2023

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 Rand Insurance Agency 1100 East Putnam Avenue P.O. Box 900 Riverside CT 06878	CONTACT NAME: Ava Edwards PHONE (A/C, No, Ext): (203) 637-1006 FAX (A/C, No): (203) 637-9671 E-MAIL ADDRESS: ava.edwards@randinsurance.com																					
INSURED Multiple Myeloma Research Foundation 383 Main Avenue, 5th Floor Norwalk CT 06851	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Mesa Underwriters Specialty Ins. Co.</td><td>36838</td></tr><tr><td>INSURER B:</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER C:</td><td>Nautilus Ins. Co.</td><td>17370</td></tr><tr><td>INSURER D:</td><td>Technology Insurance Company, Inc.</td><td>42376</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:	Mesa Underwriters Specialty Ins. Co.	36838	INSURER B:	Continental Casualty Company	20443	INSURER C:	Nautilus Ins. Co.	17370	INSURER D:	Technology Insurance Company, Inc.	42376	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 2022-23 Master**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 INSD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MP0006005001269	12/01/2022	12/01/2023	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2024641474	12/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			AN1258919	12/01/2022	12/01/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	TWC4244969	05/01/2023	05/01/2024	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Scottsdale; the San Francisco Giants Baseball Club, LLC; and their agents, representatives, officers, directors, officials, and employees are additional insured per written contract per form CG2010. Waiver of subrogation applies for general liability

CERTIFICATE HOLDER**CANCELLATION**

City of Scottsdale 7408 E. Osborn Road Scottsdale AZ 85251	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
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TEAM FOR CURES – Participant Waiver

Waiver: I know that running and/or walking an event is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the State and local municipality, Conventures, the Multiple Myeloma Research Foundation and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post-event activities. I hereby grant permission to the MMRF and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event for any purpose. Date, time and location are subject to change. No refunds.

I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever **WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE the organizer of the Event (the "Event Organizer"), AthleteReg and their officers, directors, representatives, officials, the City of Scottsdale Arizona (7447 East Indian School Road #100, Scottsdale, AZ 85251),** principals, agents and/or employees, subsidiaries, and/or assigns, as well as their independent contractors, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of the premises used to conduct the Event (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property, incurred by me in connection with participation in the Event. I further agree to indemnify, defend and hold harmless Releasees from any loss, liability, cost, claim or damages arising from my participation in or association with activities and events organized and sponsored by the Event Organizer or connected with the Event. This release extends to all claims of every kind or nature whatsoever, foreseen, or unforeseen, known or unknown.

PARTICIPANT SIGNATURE DATE PRINTED NAME OF PARTICIPANT PARTICIPANT AGE AND BIRTHDATE

PARENT/ GUARDIAN SIGNATURE DATE PRINTED NAME OF PARENT/GUARDIAN
