



# Special Event Application

4/16/2025

Simple

53-SE-2025

## Event Information

Event Name BIKE MS: ARIZONA

Event Location 10101 E THOMPSON PEAK PY

Event URL WWW.NATIONALMSSOCIETY.ORG/

Event Description BIKE MS: ARIZONA IS A CHARITY BIKE RIDE THROUGH FOUNTAIN HILLS AND SCOTTSDALE, THAT RAISES MONEY FOR MULTIPLE SCLEROSIS RESEARCH AND AID TO THOSE AFFLICTED BY THE DISEASE.

## Event Dates

Event Dates (2)	Start Date	End Date	Participant Attendance	Other Attendance
	SAT 11/8/2025 6:00 AM	SAT 11/8/2025 6:00 PM	400	12
	SUN 11/9/2025 6:00 AM	SUN 11/9/2025 1:00 PM	300	12

Setup Date FRI 11/7/2025 8:00 AM - 07:00 PM

Teardown Date SUN 11/9/2025 1:00 PM - 03:00 PM

## Applicant Information

Applicant NATIONAL MS SOCIETY

Applicant Address 2636 S WILSON ST, SUITE 104

Applicant City TEMPE, AZ 85034

Applicant Name **Mikaela DeLay**

Title **EVENT PRODUCTION MANAGER**

Phone (617) 407-0430 Email Mikaela.DeLay@nmss.org>

On-Site Contact **Mikaela DeLay**

Title **EVENT PRODUCTION MANAGER**

Phone (617) 407-0430 Email Mikaela.DeLay@nmss.org>

Applicant Experience WE HAVE BEEN DOING THIS EVENT FOR OVER THIRTY YEARS AND HAVE RAISED MILLIONS OF DOLLARS FOR MS RESEARCH.

## Prior Events

Has this event been produced before? YES

Is this an annual event? YES Previous Years : 33

Are there any changes from previous years? YES DIFFERENT START/FINISH VENUE. MOVED FROM MCDOWELL MOUNTAIN REGIONAL PARK TO THE FOUNTAIN HILLS COMMUNITY CENTER.

## Event Elements

Elements CULTURAL

Description THE NATIONAL MULTIPLE SCLEROSIS SOCIETY IS THE LARGEST MS ORGANIZATION IN THE WORLD. OVER 8.6 MILLION PEOPLE ENGAGE WITH THE SOCIETY EACH YEAR. WE CONTINUE TO MAKE PROGRESS TOWARD MS CURES BY BREAKING DOWN GLOBAL BARRIERS AND BRINGING ALL



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PERSPECTIVES TO THE TABLE.

## Event Equipment

Stages	YES QTY: 1	Tables, Chairs, Furniture	YES
Generators	YES KW SIZE: 25 QTY: 1	Inflatables	YES QTY: 1
Portable Bars	NO	Amplified Sound	YES
Speakers	YES QTY: 3-4	Temporary Restrooms	YES QTY: 8
Fencing	NO	BBQ Grills or Propane Use	NO
Lighting	NO	Tents/Canopies	YES
		10' x 10' QTY: 10	

## Vendor Sales

Retail Merchandise	NO	Food And Non-Alcoholic Beverages	NO
Food Trucks	NO	Alcohol	NO
Services	NO		

## Signage Plan

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

Off-Premise Signs? YES QTY: 10 TYPE: OFF SITE TRAFFIC DIRECTIONAL

### Signage Plan Description:

WE WILL HAVE SPONSOR AND INFORMATIONAL SIGNAGE ONSITE AT THE FOUNTAIN HILLS COMMUNITY CENTER. WE WILL HAVE ROUTE MARKING SIGNAGE THROUGHOUT THE ROUTE.

## Parking Plan

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

### Parking Plan Description

PARKING WILL BE IN THE PARKING LOT AT THE FOUNTAIN HILLS COMMUNITY CENTER.

## Entertainment - Amplification/Sound Plan

### Entertainment

DJ- FOUNTAIN HILLS

### Sound Monitoring



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Name : WES FORD  
Company : NMS SOCIETY  
Phone Number : (617) 407-0430

Time and type of outside sound and sound check times

6:30P, FAMILY FRIENDLY POP MUSIC.

Plan for sound monitoring, containment, and mitigation

I WILL MONITOR SOUND. MOST OF THE MUSIC, ANNOUNCEMENTS WILL BE INSIDE OF THE FOUNTAIN HILLS COMMUNITY CENTER.

## Police/Security

Security Personnel

Inhouse Security NO

Hired Security YES Estimated Number : 1  
Company Name : LIONHEART SECURITY  
Contact : JOSH CAMDEN  
Phone : (480) 664-6250

Off Duty Police YES Estimated Number : 10 Scottsdale Police : NO Other Agency : YES  
Agency Name : ODM  
Contact : ELENA MAREK  
Phone : (602) 675-5261

## Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby YES Estimated Number : 1  
Contact : CASEY O'BRIEN

Fire Apparatus/Personnel Standby Required 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:

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.



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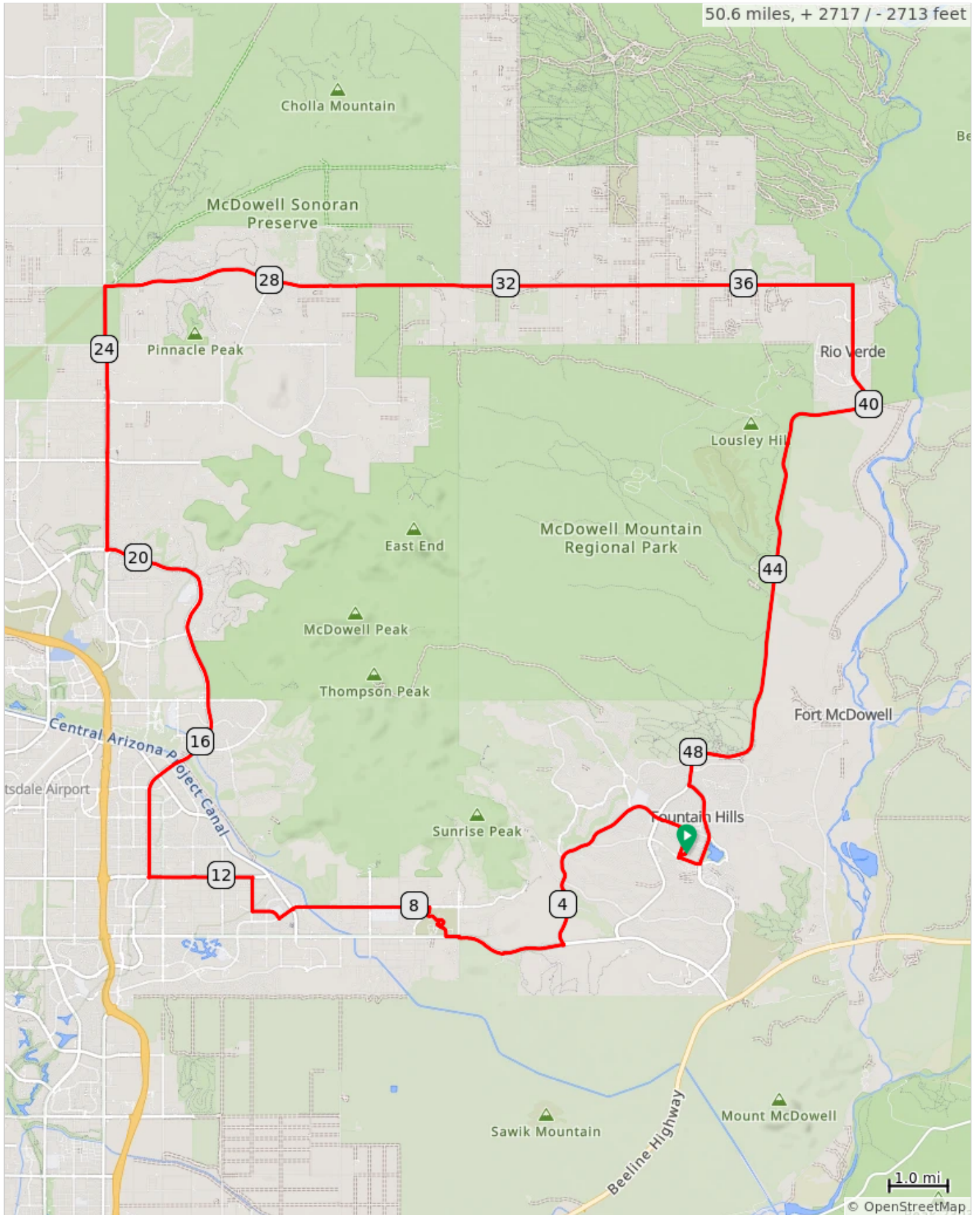
Signature of Applicant - must be the same person listed on application.

Printed Name **Mickayla DeLay**

Date **6/16/2025**

Title of Applicant **EVENT PRODUCTION MANAGER**

# Bike MS 2025 Day1 - 51 Miles



Bike MS 2025 Day1 - 51 Miles

Type	Dist	Note
	0.0	Start of route
	0.0	Keep left
	0.0	Keep left
	0.1	Left
	0.1	Right
	0.1	Right onto North la Montana Drive
	0.3	Keep right onto North la Montana Drive
	0.3	At roundabout, take exit 3 onto North La Montana Drive
	0.5	Left onto East Palisades Boulevard
	0.7	Keep right onto East Palisades Boulevard
	1.1	Left onto North Fountain Hills Boulevard
	1.1	Left onto East Palisades Boulevard
	3.1	Left onto North Sunridge Drive
	3.1	Left onto East Palisades Boulevard

3.1 miles. +494/-63 feet

Type	Dist	Note
	3.1	Left onto North Sunridge Drive
	3.1	Left onto East Palisades Boulevard
	4.7	Left onto East Shea Boulevard
	4.7	Left onto North Palisades Boulevard
	4.7	Right onto East Shea Boulevard
	5.7	Keep left
	5.8	Left onto North 142nd Street
	5.8	Right
	6.6	Slight left
	6.6	Right onto North 136th Street
	6.6	Keep right onto North 136th Street
	6.6	Sharp left
	6.8	Right onto 134th Street
	7.0	Continue
	7.2	Left
	7.4	Keep left











4.3 miles. +148/-581 feet

Type	Dist	Note
	7.6	Right onto North 130th Street
	7.8	Left onto East Via Linda
	10.1	Left onto North Frank Lloyd Wright Boulevard
	10.1	Left onto East Via Linda
	10.1	Right onto North Frank Lloyd Wright Boulevard
	10.1	Left onto East Via Linda
	10.4	Left onto East Cholla Street
	10.9	Right onto North 108th Street
	11.5	Keep right onto North 108th Street
	11.5	At roundabout, take exit 5 onto East Cactus Road
	12.0	At roundabout, take exit 3 onto East Cactus Road
	12.5	At roundabout, take exit 3 onto East Cactus Road
	13.1	Keep right onto East Cactus Road
	13.3	Left onto North 94th Street

5.9 miles. +82/-306 feet

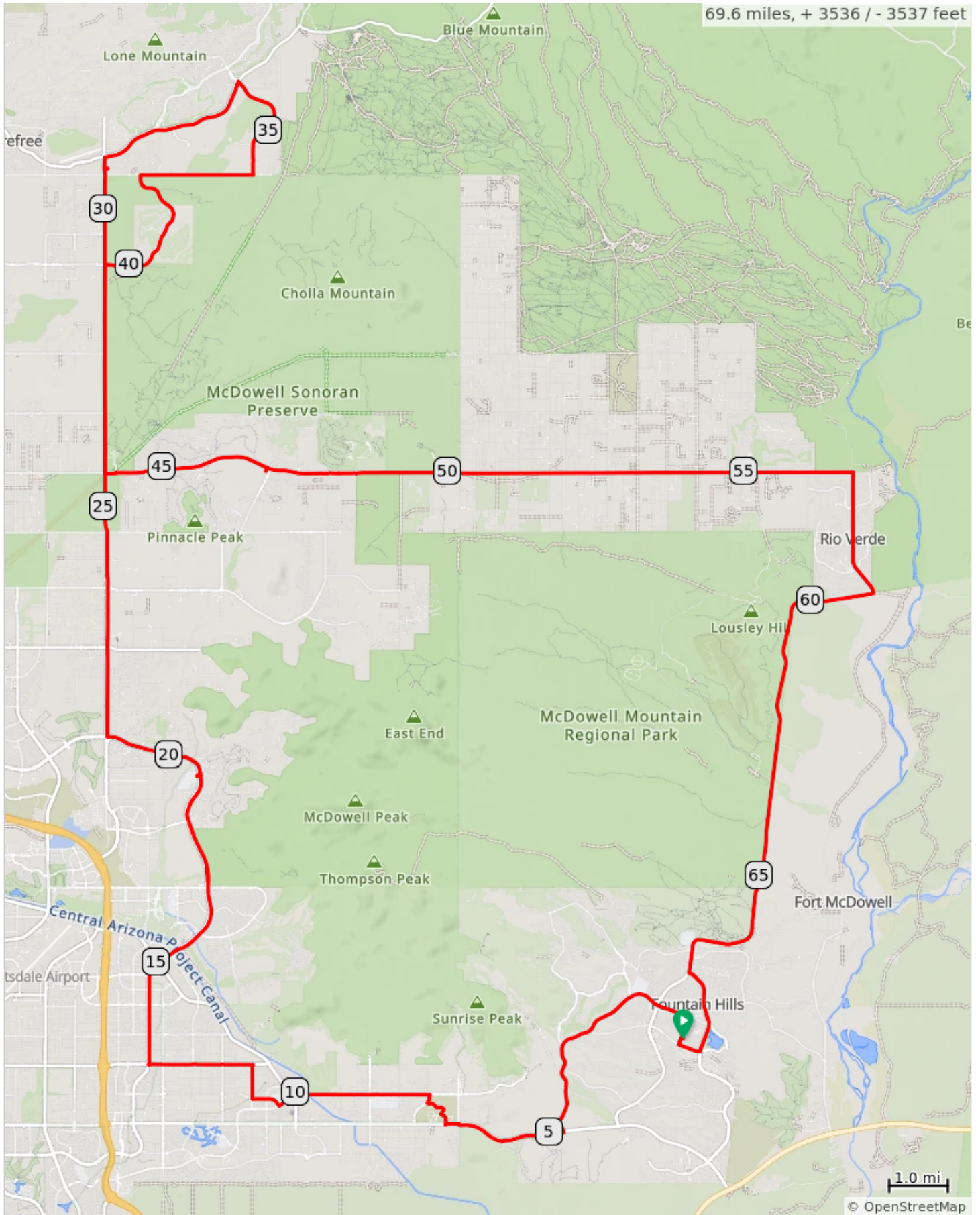
Type	Dist	Note
	13.3	Left onto East Cactus Road
	13.3	Left onto North 94th Street
	19.1	Keep right onto East Thompson Peak Parkway
	20.6	Left onto North Pima Road
	20.6	Left onto East Thompson Peak Parkway
	20.6	Left onto North Pima Road
	25.1	Sharp right onto East Dynamite Boulevard
	28.9	At roundabout, take exit 3 onto East Rio Verde Drive
	29.4	At roundabout, take exit 1 onto East Rio Verde Drive
	37.8	Right onto North Forest Road
	39.9	Keep right and drive toward McDowell Mountain Road
	40.0	Continue onto McDowell Mountain Road
	48.6	Left onto North Saguaro Boulevard

35.3 miles. +1909/-1671 feet

Type	Dist	Note
	49.4	Keep right onto North Saguaro Boulevard
	49.6	Left onto East Palisades Boulevard
	49.6	Sharp left onto North Saguaro Boulevard
	50.0	Right onto East El Lago Drive
	50.4	Left onto North La Montana Drive
	50.5	Right
	50.6	Left
	50.6	Right
	50.6	Keep left
	50.6	End of route

2.1 miles. +82/-39 feet

# Bike MS 2025 Day1 - 70Miles



Bike MS 2025 Day1 - 70Miles

Type	Dist	Note
	0.0	Start of route
	0.0	Right onto North la Montana Drive
	0.1	Keep right onto North la Montana Drive
	0.1	At roundabout, take exit 3 onto North La Montana Drive
	0.4	Right onto East Palisades Boulevard
	0.6	Keep right onto East Palisades Boulevard
	1.0	Keep right onto East Palisades Boulevard
	4.5	Left onto East Shea Boulevard
	4.5	Left onto North Palisades Boulevard
	4.7	Left onto East Valley Vista Drive
	4.7	Left onto North Palisades Boulevard
	4.8	Right onto East Shea Boulevard
	5.8	Keep left

5.8 miles. +623/-532 feet

Type	Dist	Note
	5.8	Left onto North 142nd Street
	5.8	Right
	6.6	Slight left
	6.7	Right onto North 136th Street
	6.7	Keep right onto North 136th Street
	6.7	Sharp left
	6.9	Left onto North 134th Street
	6.9	Left onto East Shea Boulevard
	6.9	Left onto North 134th Street
	7.0	Left onto East Shea Boulevard
	7.0	Left onto North 134th Street
	7.0	Left onto East Shea Boulevard
	7.0	Left onto North 134th Street
	7.2	Right
	7.3	Keep left
	7.6	Right onto North 130th Street

1.8 miles. +20/-106 feet

Type	Dist	Note
	7.8	Left onto East Via Linda
	10.4	Right onto East Cholla Street
	10.9	Right onto North 108th Street
	11.4	Keep right onto North 108th Street
	11.4	Enter roundabout
	11.4	At roundabout, take exit 5 onto East Cactus Road
	11.9	At roundabout, take exit 3 onto East Cactus Road
	12.4	At roundabout, take exit 3 onto East Cactus Road
	13.0	Keep right onto East Cactus Road
	13.2	Left onto North 94th Street
	13.2	Left onto East Cactus Road
	13.2	Left onto North 94th Street
	17.0	Left
	17.0	Left onto North Thompson Peak Parkway

9.4 miles. +316/-309 feet

Type	Dist	Note
	17.3	Left
	17.3	Left onto North Thompson Peak Parkway
	19.1	Keep left
	19.2	Sharp right
	19.2	Left onto North Thompson Peak Parkway
	19.2	Left onto East Windgate Pass Drive
	19.2	Keep left
	19.3	Left
	19.3	Right
	19.3	Keep right
	19.3	Left onto North Thompson Peak Parkway
	19.7	Keep right onto East Thompson Peak Parkway
	21.1	Right onto North Pima Road
	30.7	Right

13.7 miles. +993/-73 feet

Type	Dist	Note
←	30.7	Left
→	30.8	Right
→	30.8	Right onto North Pima Road
→	31.0	Right onto East Cave Creek Road
↗	31.7	Slight right onto East Cave Creek Road
↗	31.7	Keep right onto East Cave Creek Road
←	33.8	Left onto North Lone Mountain Parkway
←	33.8	Left onto North Cave Creek Road
←	33.8	Left onto East Desert Hills Drive
↗	35.7	Keep right onto North Lone Mountain Parkway
→	35.9	Right onto East Stagecoach Pass Road
←	37.8	Left onto North Legend Trail Parkway
↗	38.6	Slight right onto North Legend Trail Parkway

7.9 miles. +464/-396 feet

Type	Dist	Note
↗	38.9	Keep right onto North Legend Trail Parkway
↗	39.2	Keep right onto North Legend Trail Parkway
↗	39.3	Keep right onto North Legend Trail Parkway
↗	39.6	Keep right onto North Legend Trail Parkway
←	40.4	Left onto North Pima Road
←	44.0	Left onto East Dynamite Boulevard
←	44.1	Left
←	44.2	Left onto East Dynamite Boulevard
←	44.2	Left
←	44.2	Left onto East Dynamite Boulevard
→	46.8	Right
→	46.9	Right onto East Dynamite Boulevard
↑	47.9	At roundabout, take exit 3 onto East Rio Verde Drive

9.4 miles. +465/-394 feet

Type	Dist	Note
↑	48.4	At roundabout, take exit 1 onto East Rio Verde Drive
→	56.8	Right onto North Forest Road
↗	58.9	Keep right and drive toward McDowell Mountain Road
↑	59.0	Continue onto McDowell Mountain Road
←	67.5	Left onto North Saguaro Boulevard
↗	68.3	Keep right onto North Saguaro Boulevard
→	69.0	Right onto East El Lago Drive
→	69.4	Right onto North la Montana Drive
→	69.5	Right
📍	69.6	End of route

21.6 miles. +651/-1618 feet



EQUIPMENT LEGEND

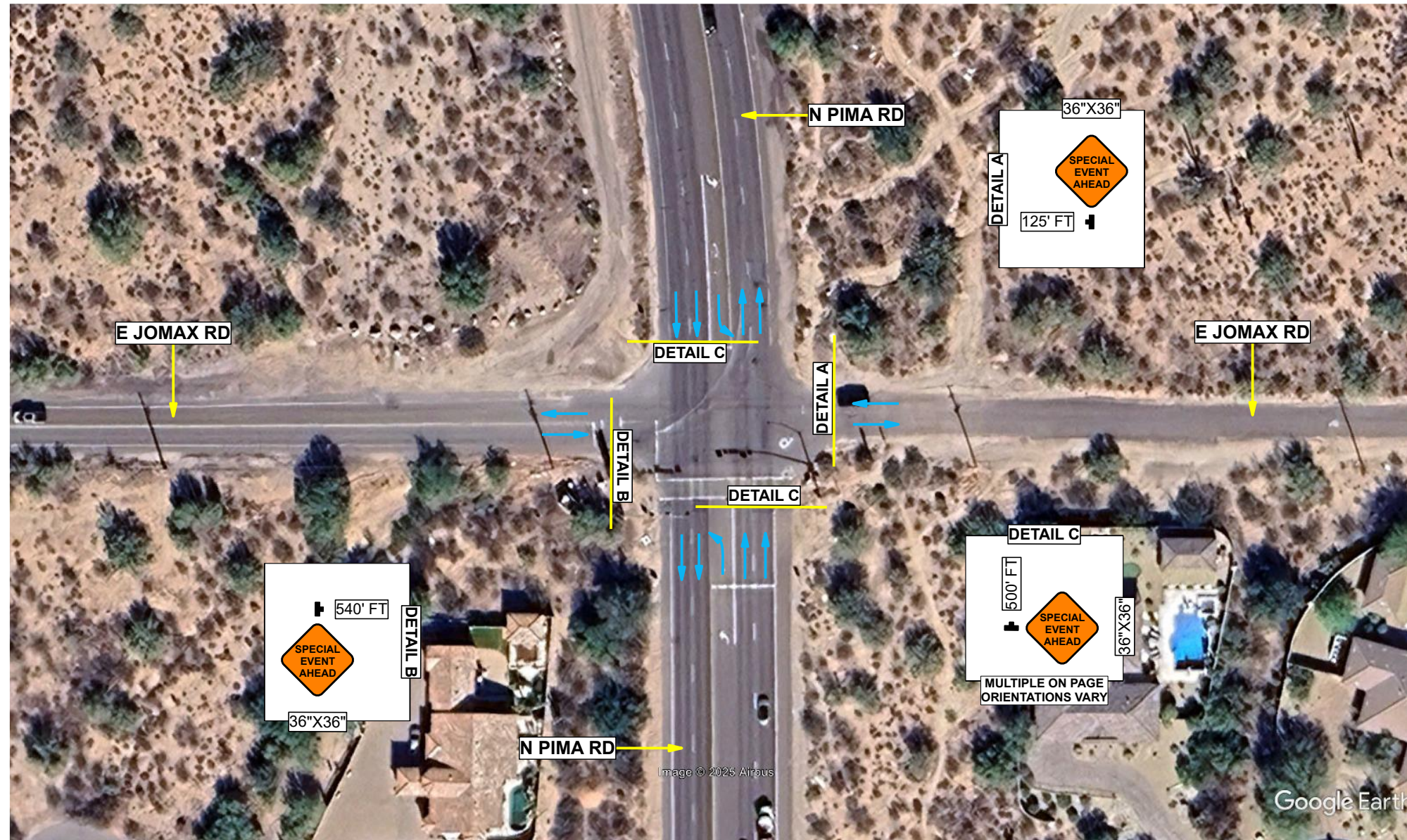
- ▬ SIGN LEGEND
- ➡ LANE IDENTIFICATION

CITY of SCOTTSDALE APPROVAL

Field Engineering

Traffic Engineering

SIGN SIZES: SEE EACH SIGN  
SIGN REFLECTIVITY: HIGH INTENSITY PRISMATIC SHEETING



THIS TCP DOES NOT COVER ADVANCED WARNING SIGNAGE, TRAFFIC CONTROL DEVICES, AND/OR FLAGGERS/OFFICERS FOR THE ENTIRE EVENT ROUTE. ONLY THE REQUESTED LOCATIONS BY THE EVENT ORGANIZER. ADDITIONAL TRAFFIC CONTROL MAY BE REQUIRED.

**EVENT PARTICIPANTS WILL BE CYCLING NORTHBOUND.**

NOTES:  
THIS IS A VEHICULAR PLAN ONLY. FIELD CONDITIONS MAY VARY.  
THE MAINTENANCE OF TRAFFIC MANAGER SHALL BE RESPONSIBLE FOR APPROVING NECESSARY ADJUSTMENTS TO THE APPROVED TRAFFIC CONTROL PLANS DUE TO SAFETY AND FIELD CONDITIONS DURING A CLOSURE TO INSTALL SUCH TRAFFIC CONTROL PLANS. SUCH APPROVED ADJUSTMENTS SHALL BE SUBMITTED BY THE DEVELOPER THE FOLLOWING BUSINESS DAY.  
ALL APPLICABLE EQUIPMENT SHALL HAVE SANDBAGS, LIGHTS, AND FLAGS.  
BUSINESS AND LOCAL ACCESS SHALL BE MAINTAINED WHEN POSSIBLE.  
CONFLICTING SIGNS SHALL BE COVERED WHILE TEMPORARY TRAFFIC CONTROL IS IN PLACE.  
BUMP SIGNS SHALL BE PLACED PRIOR TO ANY STEEL PLATES IN THE ROADWAY.  
TRAFFIC CONTROL SHALL COMPLY WITH THE MUTCD AS WELL AS ALL STATE, COUNTY, AND LOCAL STANDARDS.

PLAN IS NOT TO SCALE

**OFF-DUTY POLICE OFFICER IS REQUIRED IF WORKZONE IS WITHIN 300' OF SIGNALIZED INTERSECTIONS**

**BARRICADE COMPANY INFORMATION**

TRAFFIC CONTROL COMPANY BOB'S BARRICADES, INC.	PHONE NUMBER 602-272-3434	PAGE 1
DRAWN BY Isaac Cross Cross MOT Solutions LLC	PHONE NUMBER 954-574-2395	DRAWN DATE 10/09/2025
TRAFFIC CONTROL DESIGN SPECIALIST CERT#953661 ISSUE DATE 07/22/2022 EXPIRATION DATE 07/21/2026		



TCP NAME : BIKE MS ARIZONA 2025 SE PERMIT #: TBD

LOCATION : E Jomax Rd & N Pima Rd, Scottsdale, AZ & East Rio Verde Drive & N 141st St, Scottsdale, AZ

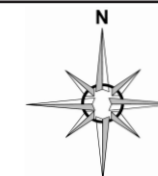
START DATE : TBD END DATE : TBD

WORK HOURS :  8:30AM - 3:30PM MONDAY - FRIDAY  24 HOUR  10:00PM-5:00AM SUNDAY - THURSDAY  OTHER: TBD

CONTRACTOR : National MS Society CONTACT PERSON : Jordan Schmidt

PHONE : 262.369.4403 EMAIL : Jordan.Schmidt@nmss.org

**COMPASS**



**POSTED SPEED**

N PIMA RD:	SPEED LIMIT 50
E JOMAX RD EAST OF N PIMA RD:	SPEED LIMIT 25
E JOMAX RD WEST OF N PIMA RD:	SPEED LIMIT 45



EQUIPMENT LEGEND

- SIGN LEGEND
- LANE IDENTIFICATION
- TRAFFIC CONTROL OFFICER

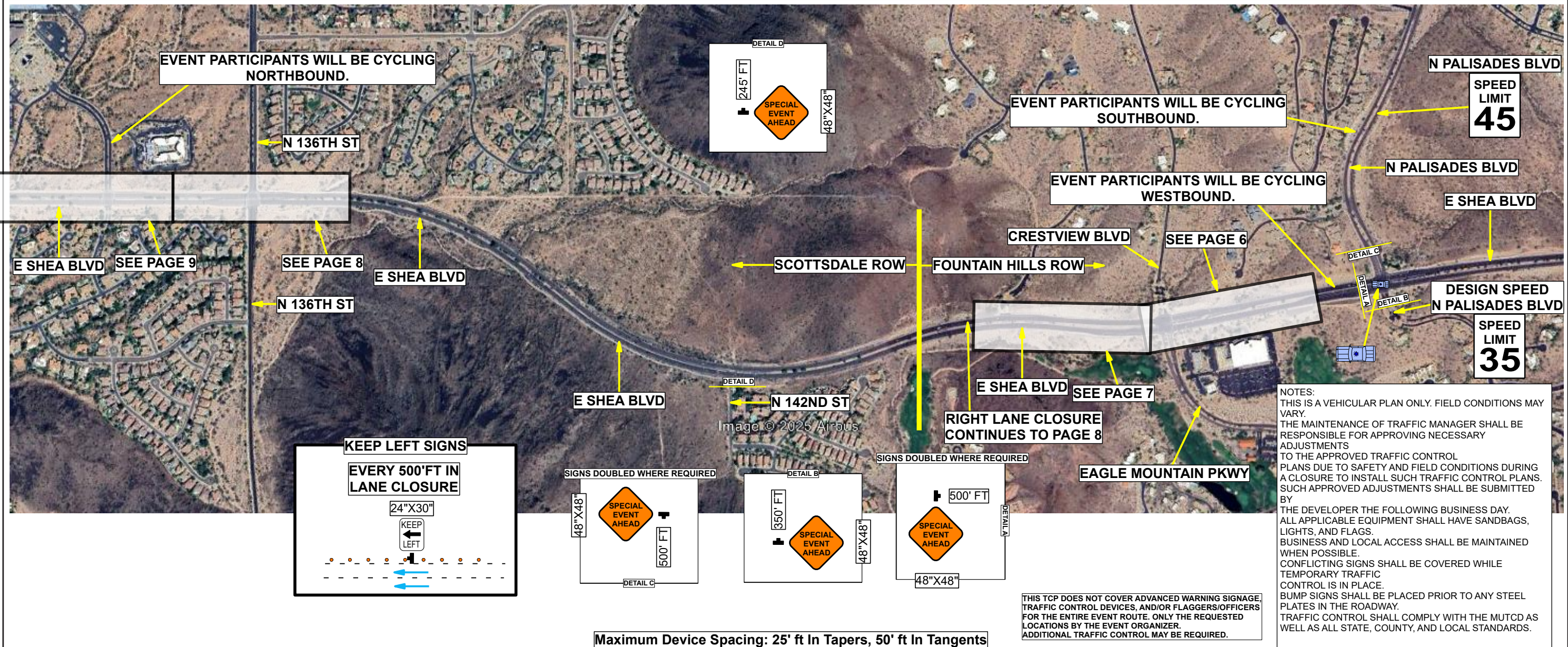
PAGE: 5

CITY of SCOTTSDALE APPROVAL

Field Engineering

Traffic Engineering

SIGN SIZES: SEE EACH SIGN  
SIGN REFLECTIVITY: HIGH INTENSITY PRISMATIC SHEETING



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Maximum Device Spacing: 25' ft In Tapers, 50' ft In Tangents

PLAN IS NOT TO SCALE

OFF-DUTY POLICE OFFICER IS REQUIRED IF WORKZONE IS WITHIN 300' OF SIGNALIZED INTERSECTIONS

BARRICADE COMPANY INFORMATION

TRAFFIC CONTROL COMPANY	PHONE NUMBER	PAGE
BOB'S BARRICADES, INC.	602-272-3434	5
DRAWN BY	PHONE NUMBER	DRAWN DATE
Isaac Cross	954-574-2395	10/09/2025
Cross MOT Solutions LLC	TRAFFIC CONTROL DESIGN SPECIALIST	
	CERT#953661	
	ISSUE DATE 07/22/2022 EXPIRATION DATE 07/21/2026	



TCP NAME : BIKE MS ARIZONA 2025 SE PERMIT #: TBD

LOCATION : E Shea Blvd. 134th St to N 142nd St, Scottsdale, AZ

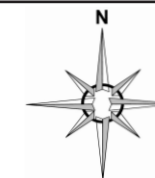
START DATE : TBD END DATE : TBD

WORK HOURS :  8:30AM - 3:30PM MONDAY - FRIDAY  24 HOUR  10:00PM-5:00AM SUNDAY - THURSDAY  OTHER: TBD

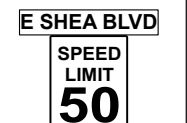
CONTRACTOR : National MS Society CONTACT PERSON : Jordan Schmidt

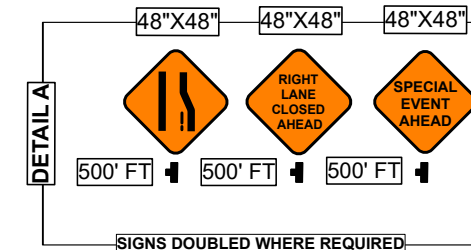
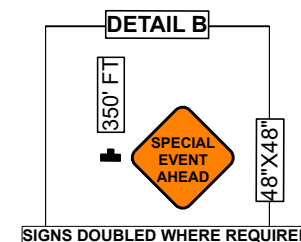
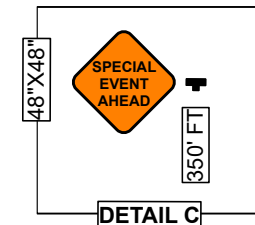
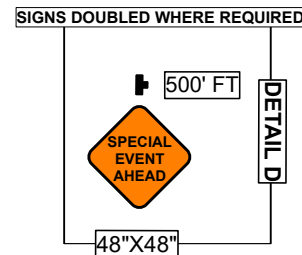
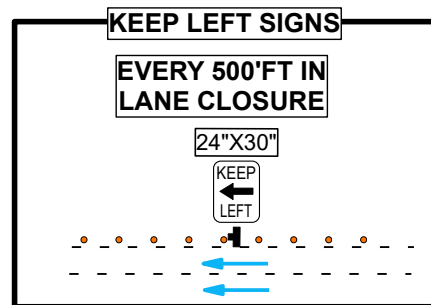
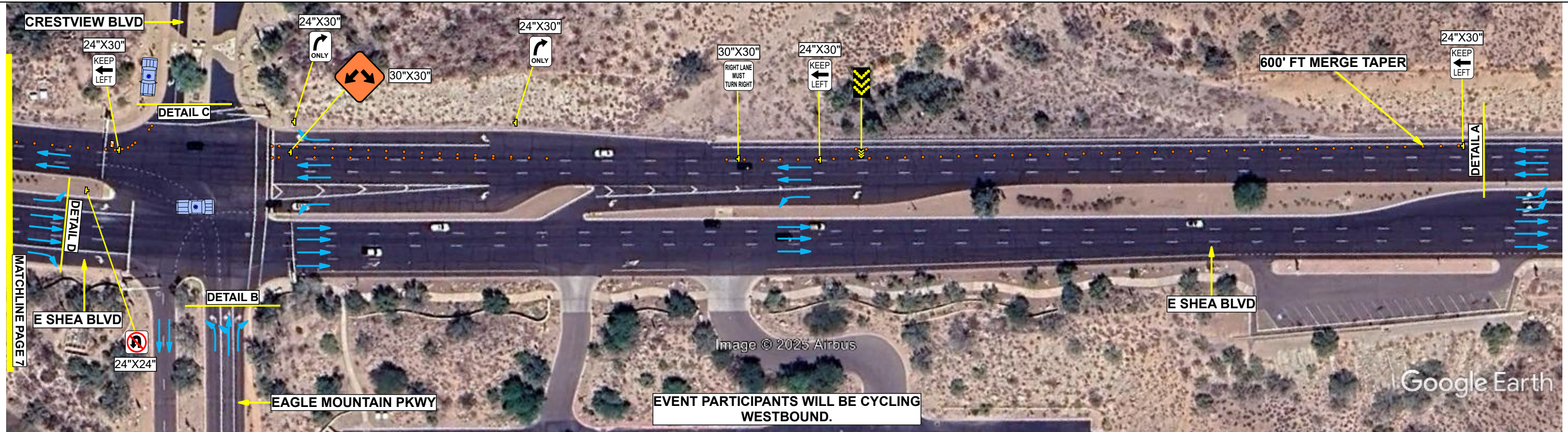
PHONE : 262.369.4403 EMAIL : Jordan.Schmidt@nmss.org

COMPASS



POSTED SPEED





**PLAN NAME:**  
BIKE MS ARIZONA 2025  
PLAN IS NOT TO SCALE

OWNER	FOUNTAIN HILLS	
PROJECT NAME	BIKE MS ARIZONA 2025	
PRIME CONTRACTOR	EMAIL	
National MS Society	Jordan.Schmidt@nmss.org	
PRIME CONTRACTOR CONTACT NAME	CONTACT PHONE NUMBER	
Jordan Schmidt	262.369.4403	
DATES	TIMES	
TBD		
TRAFFIC CONTROL COMPANY	PHONE NUMBER	PAGE
BOB'S BARRICADES, INC.	602-272-3434	6
DRAWN BY	PHONE NUMBER	DRAWN DATE
Isaac Cross	954-574-2395	10/09/2025
Cross MOT Solutions LLC	TRAFFIC CONTROL DESIGN SPECIALIST	
	CERT#953661	
	ISSUE DATE 07/22/2022 EXPIRATION DATE 07/21/2026	



**CRESTVIEW BLVD**  
DESIGN SPEED

**SPEED LIMIT 35**

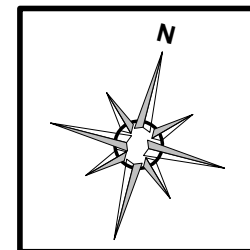
**EAGLE MOUNTAIN PKWY**

**SPEED LIMIT 35**

**E SHEA BLVD**

**SPEED LIMIT 50**

**Maximum Device Spacing: 25' ft In Tapers, 50' ft In Tangents**



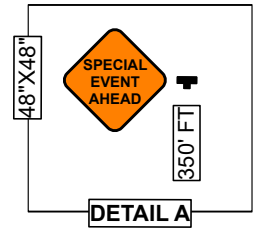
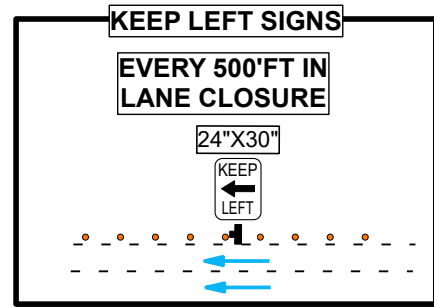
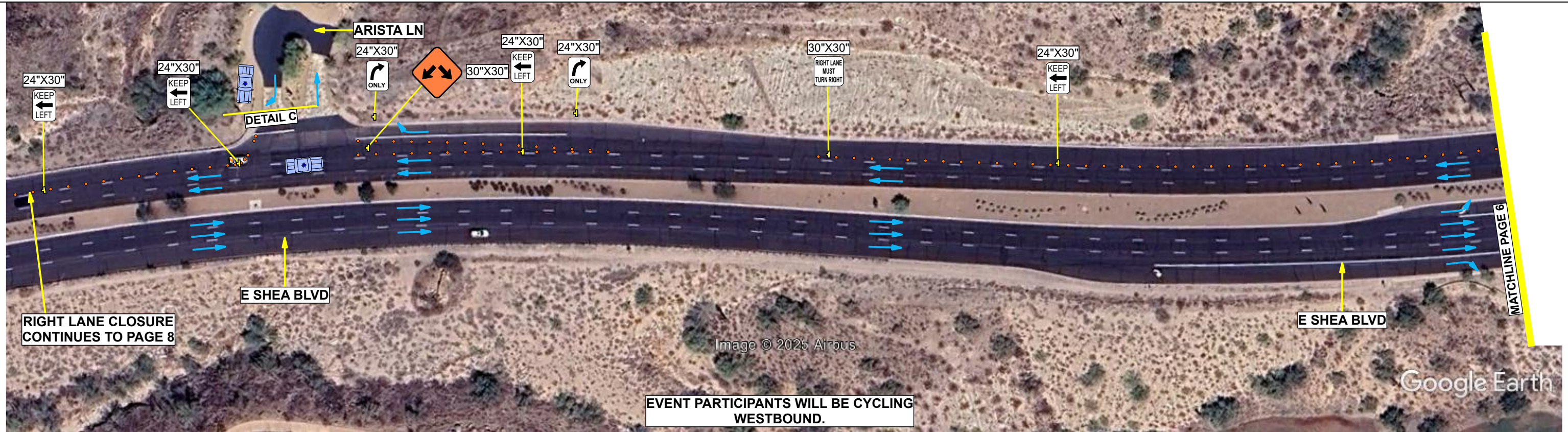
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**LEGEND**

- CHANNELIZING DEVICE
- SIGN LEGEND
- LANE IDENTIFICATION
- ARROW BOARD
- TYPE 3 BARRICADES
- TRAFFIC CONTROL OFFICER

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SIGN SIZES: SEE EACH SIGN  
SIGN REFLECTIVITY: HIGH INTENSITY PRISMATIC SHEETING



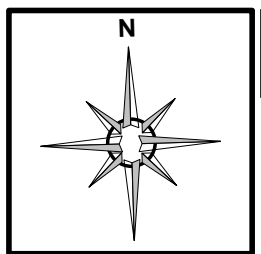
**PLAN NAME:**  
**BIKE MS ARIZONA 2025**  
PLAN IS NOT TO SCALE

OWNER	FOUNTAIN HILLS	
PROJECT NAME	BIKE MS ARIZONA 2025	
PRIME CONTRACTOR	EMAIL	
National MS Society	Jordan.Schmidt@nmss.org	
PRIME CONTRACTOR CONTACT NAME	CONTACT PHONE NUMBER	
Jordan Schmidt	262.369.4403	
DATES	TIMES	
TBD		
TRAFFIC CONTROL COMPANY	PHONE NUMBER	PAGE
BOB'S BARRICADES, INC.	602-272-3434	7
DRAWN BY	PHONE NUMBER	DRAWN DATE
Isaac Cross	954-574-2395	10/09/2025
Cross MOT Solutions LLC	TRAFFIC CONTROL DESIGN SPECIALIST CERT#953661 ISSUE DATE 07/22/2022 EXPIRATION DATE 07/21/2026	



**ARISTA LN**  
DESIGN SPEED  
**SPEED LIMIT 35**

**E SHEA BLVD**  
DESIGN SPEED  
**SPEED LIMIT 50**



THIS TCP DOES NOT COVER ADVANCED WARNING SIGNAGE, TRAFFIC CONTROL DEVICES, AND/OR FLAGGERS/OFFICERS FOR THE ENTIRE EVENT ROUTE. ONLY THE REQUESTED LOCATIONS BY THE EVENT ORGANIZER. ADDITIONAL TRAFFIC CONTROL MAY BE REQUIRED.

**Maximum Device Spacing: 25' ft In Tapers, 50' ft In Tangents**

**NOTES:**  
THIS IS A VEHICULAR PLAN ONLY. FIELD CONDITIONS MAY VARY. THE MAINTENANCE OF TRAFFIC MANAGER SHALL BE RESPONSIBLE FOR APPROVING NECESSARY ADJUSTMENTS TO THE APPROVED TRAFFIC CONTROL PLANS DUE TO SAFETY AND FIELD CONDITIONS DURING A CLOSURE TO INSTALL SUCH TRAFFIC CONTROL PLANS. SUCH APPROVED ADJUSTMENTS SHALL BE SUBMITTED BY THE DEVELOPER THE FOLLOWING BUSINESS DAY. ALL APPLICABLE EQUIPMENT SHALL HAVE SANDBAGS, LIGHTS, AND FLAGS. BUSINESS AND LOCAL ACCESS SHALL BE MAINTAINED WHEN POSSIBLE. CONFLICTING SIGNS SHALL BE COVERED WHILE TEMPORARY TRAFFIC CONTROL IS IN PLACE. BUMP SIGNS SHALL BE PLACED PRIOR TO ANY STEEL PLATES IN THE ROADWAY. TRAFFIC CONTROL SHALL COMPLY WITH THE MUTCD AS WELL AS ALL STATE, COUNTY, AND LOCAL STANDARDS.

SIGN SIZES: SEE EACH SIGN  
SIGN REFLECTIVITY: HIGH INTENSITY PRISMATIC SHEETING

**LEGEND**

- CHANNELIZING DEVICE
- SIGN LEGEND
- ➡ LANE IDENTIFICATION
- ➡➡➡ ARROW BOARD
- ▬ TYPE 3 BARRICADES
- 👮 TRAFFIC CONTROL OFFICER



EQUIPMENT LEGEND

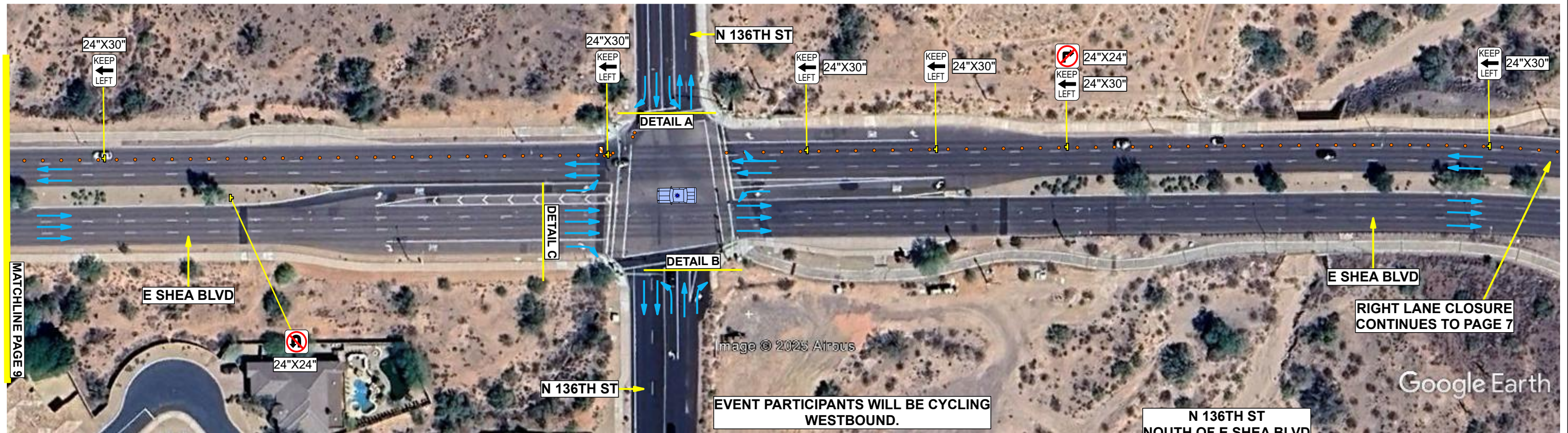
- SIGN LEGEND
- LANE IDENTIFICATION
- TRAFFIC CONTROL OFFICER
- CHANNELIZING DEVICE
- TYPE 3 BARRICADES

CITY of SCOTTSDALE APPROVAL

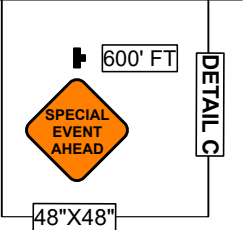
Field Engineering

Traffic Engineering

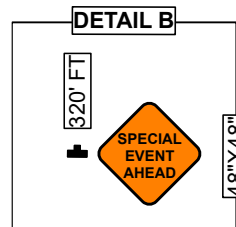
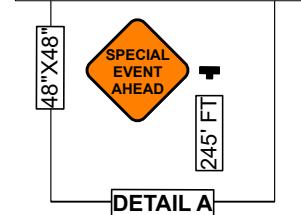
SIGN SIZES: SEE EACH SIGN  
SIGN REFLECTIVITY: HIGH INTENSITY PRISMATIC SHEETING



SIGNS DOUBLED WHERE REQUIRED



SIGNS DOUBLED WHERE REQUIRED



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THIS IS A VEHICULAR PLAN ONLY. FIELD CONDITIONS MAY VARY. THE MAINTENANCE OF TRAFFIC MANAGER SHALL BE RESPONSIBLE FOR APPROVING NECESSARY ADJUSTMENTS TO THE APPROVED TRAFFIC CONTROL PLANS DUE TO SAFETY AND FIELD CONDITIONS DURING A CLOSURE TO INSTALL SUCH TRAFFIC CONTROL PLANS. SUCH APPROVED ADJUSTMENTS SHALL BE SUBMITTED BY THE DEVELOPER THE FOLLOWING BUSINESS DAY. ALL APPLICABLE EQUIPMENT SHALL HAVE SANDBAGS, LIGHTS, AND FLAGS. BUSINESS AND LOCAL ACCESS SHALL BE MAINTAINED WHEN POSSIBLE. CONFLICTING SIGNS SHALL BE COVERED WHILE TEMPORARY TRAFFIC CONTROL IS IN PLACE. BUMP SIGNS SHALL BE PLACED PRIOR TO ANY STEEL PLATES IN THE ROADWAY. TRAFFIC CONTROL SHALL COMPLY WITH THE MUTCD AS WELL AS ALL STATE, COUNTY, AND LOCAL STANDARDS.

Maximum Device Spacing: 25' ft In Tapers, 50' ft In Tangents

PLAN IS NOT TO SCALE

OFF-DUTY POLICE OFFICER IS REQUIRED IF WORKZONE IS WITHIN 300' OF SIGNALIZED INTERSECTIONS

BARRICADE COMPANY INFORMATION

TRAFFIC CONTROL COMPANY	PHONE NUMBER	PAGE
BOB'S BARRICADES, INC.	602-272-3434	8
DRAWN BY	PHONE NUMBER	DRAWN DATE
Isaac Cross	954-574-2395	10/09/2025
Cross MOT Solutions LLC	TRAFFIC CONTROL DESIGN SPECIALIST	
	CERT#953661	
	ISSUE DATE 07/22/2022 EXPIRATION DATE 07/21/2026	



TCP NAME : BIKE MS ARIZONA 2025 SE PERMIT #: TBD

LOCATION : 136th ST & E Shea Blvd, Scottsdale, AZ

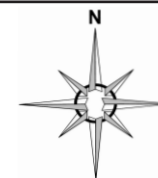
START DATE : TBD END DATE : TBD

WORK HOURS :  8:30AM - 3:30PM MONDAY - FRIDAY  24 HOUR  10:00PM-5:00AM SUNDAY - THURSDAY  OTHER: TBD

CONTRACTOR : National MS Society CONTACT PERSON : Jordan Schmidt

PHONE : 262.369.4403 EMAIL : Jordan.Schmidt@nmss.org

COMPASS



POSTED SPEED

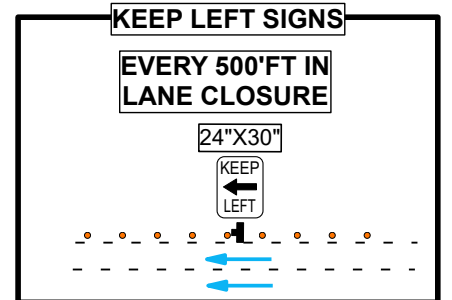
E SHEA BLVD  
SPEED LIMIT 50

N 136TH ST  
NORTH OF E SHEA BLVD

SPEED LIMIT 35

N 136TH ST  
SOUTH OF E SHEA BLVD

SPEED LIMIT 40







# CERTIFICATE OF LIABILITY INSURANCE

10/1/2026

DATE (MM/DD/YYYY)

10/7/2025

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).

<b>PRODUCER</b> Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 1185 Avenue of the Americas, Ste. 2010 New York NY 10036 (646) 572-7300	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> 1552861 NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 Third Avenue, 3rd Floor NEW YORK, NY 10017-3288	<b>INSURER A :</b> Continental Casualty Company		20443
	<b>INSURER B :</b> The Continental Insurance Company		35289
	<b>INSURER C :</b> American Casualty Company of Reading, PA		20427
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

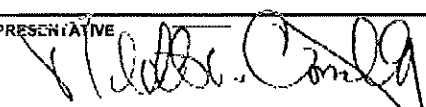
**COVERAGES**                      **CERTIFICATE NUMBER:** 22470965                      **REVISION NUMBER:** XXXXXXXX

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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	7094847651	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	7094847634	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	7094847648	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	7094847665 (AOS) 7094851439 (CA)	10/1/2025 10/1/2025	10/1/2026 10/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)  
 Re: Event Name: Bike MS: Arizona 2025, Event Date: 11/8/2025, Location: City of Scottsdale.

City of Scottsdale is included as Additional Insured on the General Liability as required by written contract.

<b>CERTIFICATE HOLDER</b>  22470965 City of Scottsdale 7447 E Indian School Rd., Scottsdale, AZ 85251	<b>CANCELLATION</b>  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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# **BIKE MS RELEASE AND WAIVER OF LIABILITY**

By signing this Bike MS Release and Waiver of Liability (“Waiver”), and for consideration of participation in the \_\_\_\_\_ Bike MS event (“Event”), currently scheduled to take place on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_, fully and completely waive and release the National Multiple Sclerosis Society (“Society”), its chapters, directors, officers, administrators, representatives and executors, past and present employees, volunteers, agents, supervisors, participants, all state and local governments, assigns, sponsors, their representatives and successors and other persons (collectively, the “Releasees”), from any and all claims, liabilities, damages, and/or causes of action arising out of an injury to me (or my dependent) and from any and all claims, liabilities, damages, and/or cause of actions arising from, or relating to, my (or my dependent’s) participation or attendance in the Event.

## **Inherent and Potential Risks**

I understand that Bike MS involves strenuous physical activity associated with bicycling long distances potentially over the course of several days. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in Bike MS relating to the risk of strenuous physical activity, collisions with other riders, vehicles, and pedestrians, or falling off my bicycle. I acknowledge that I (or my dependent) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks associated with shared or private lodging, from contact with other participants and volunteers (including, but not limited to, contracting a disease), negligent or wanton acts of other participants and volunteers, any defects of conditions of road surfaces (including uneven or wet road surfaces or gravel on the road surface), failure of cyclists, vehicles, and non-participants to observe traffic signals or laws, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity. To the extent that applicable statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Releasees.

I acknowledge that electric assisted bicycles may be permitted at Bike MS events provided that such bikes are classified as bicycles under applicable state law. If I choose to ride an electric assisted bicycle in Bike MS, I understand that the Society may not provide support for an electric assisted bicycle.

I assume all risks associated with consuming any food or drink available at the Event. I am solely responsible for any adverse health effects from food or beverage consumption, regardless of any allergy, known or unknown, that I (or my dependent) may have. I agree not to consume alcohol or narcotics prior to or while cycling in the Event.

I acknowledge that my participation in Bike MS may involve an overnight stay and time off my bicycle where I am still attending the Event. I assume all risk for any and all activities in addition to cycling that I (or my dependent) engage in throughout the entirety of the Event, including my (or my dependent’s) safety for the entirety of the Event.

I agree to dress myself (or my dependent) appropriately as to mitigate risk of physical injury to myself (or my dependent) including, but not limited to: wearing the bib provided by the Society, wearing shoes appropriate for strenuous cycling involved in the Event; and dressing in conjunction with the weather. I understand that wearing a helmet that satisfies Consumer Product Safety Commission (“CPSC”) standards is a requirement to participate in the Event unless I qualify for a religious headwear helmet exemption, as determined by the Society (e.g., members of the Sikh religion). Absent any such exemption, I agree to wear a helmet that satisfies CPSC standards for the entirety of my participation in the Event.

I agree that the Releasees are not responsible for any personal items or property (including rented or borrowed property) lost, stolen or damaged before, during, or after the Event.

I agree to alert a Society employee or volunteer if I leave the mapped route at any time and to check back in if I return to the route. I understand that if I leave the route and return later, the route may be unsupported. In addition to the risks outlined above, I understand that if I ride an unsupported route, I assume all associated risks therewith, including but not limited to removal of signage, lack of law enforcement and traffic control, discontinuation of aid stations, poor visibility, and a lack of assistance in case of an emergency.

Weapons are strictly prohibited at all Society events. I agree not to bring a weapon of any kind to the Event, including all Society sponsored pre and post Event activities.

GEORGIA EVENTS ONLY: For the safety of the community, the Society’s national policy is to have events free of weapons. The Society requests your adherence to this policy.

## **Medical Evaluation**

I attest that I (or my dependent) am medically and physically able to participate in Bike MS. If I experience any doubt as to my (or my dependent’s) ability to successfully and safely participate in and/or complete Bike MS, I take full responsibility for consulting a physician. I attest that, if I (or my dependent) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my dependent) should have or did consult a physician prior to participating in Bike MS.

# **BIKE MS RELEASE AND WAIVER OF LIABILITY**

I consent to emergency medical care and transportation in the event of injury to me (or my dependent) as medical professionals may deem appropriate. This Waiver extends to any liability arising out of, or in any way connected with, the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligent emergency rescue operations.

## **Voluntary Participation**

I am fully aware of the risks connected with participation in Bike MS, whether specifically listed in this Waiver or not, and I voluntarily elect to participate in Bike MS knowing that my participation involves these risks. My voluntary participation and waiver also acknowledge any additional risks occasioned by any inherent or previously existing physical limitations, whether known to me or not, that I or my dependent may have. I understand that my participation in Bike MS accompanies a minimum fundraising obligation for the benefit of Society.

## **Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue**

In consideration for being permitted to participate in Bike MS, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me (or my dependent), or any loss or damage to property owned by me (or my dependent), as a result of participating in Bike MS.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE** the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my dependent), or to any property belonging to me (or my dependent), while participating in Bike MS including, but not limited to, any claim that the act or omission complained of **was caused in whole or in part by the negligence or carelessness of the Releasees.**

## **Acknowledgment and Compliance with Rules**

I agree to observe all rules and safety procedures that accompany Bike MS and to abide by any decision of an event official relative to my (or my dependent's) ability to safely participate in the Event. I agree to exhibit appropriate behavior at all times and to obey all laws, including all applicable state and local laws and regulations governing cyclists. Society and event officials may dismiss me (or my dependent), without refund, should my (or my dependent's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

## **Contagious or Infectious Disease Acknowledgement**

I hereby acknowledge and understand my participation includes the possible exposure to and illness from contagious or infectious diseases. I accept the risk of life-threatening illness, temporary or permanent disability, or even death. I understand that the Society cannot guarantee that I will not become infected with a contagious or infectious disease and that being at this event may increase my risk of contracting such disease or illness.

Further, I knowingly and voluntarily agree to follow all required and relevant federal, state, local, and Society guidelines and recommendations to maintain the health and safety of event attendees. I will not participate in the ride if I am sick or if I have knowingly been exposed to someone with symptoms of an infectious or contagious disease. Prior to the event, I acknowledge and agree that I will fully and truthfully fill out and sign any waivers, releases, and/or questionnaires that may be required of me by the Society as a condition to participating in the event.

## **Severability**

I agree that if any portion of this Waiver is deemed to be invalid, the remainder of the Waiver will still be binding and enforceable.

## **Photography and Website Release**

I understand and agree that the Society may capture my name, picture, voice or likeness by photograph, video, audio or any other recording (collectively, "Recordings") while participating in any Society event, including all Society sponsored pre- and post-event activities, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, advertising, and charitable or commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of the Society. Further, I hereby agree to assign, transfer and convey to the Society a perpetual, irrevocable, transferable, and royalty free license to use and make derivative use of any and all photographs, motion pictures, recordings, or other records of Society events I may take or capture to the Society for its charitable purposes.

# **BIKE MS RELEASE AND WAIVER OF LIABILITY**

I grant permission for the Society to publish and recognize my participation in Bike MS on its website and I have reviewed and consented to the Society's Online Privacy Policy found at [www.nationalmssociety.org/Helpful-Links/Legal-Notice-Privacy-Policy/Privacy-Policy](http://www.nationalmssociety.org/Helpful-Links/Legal-Notice-Privacy-Policy/Privacy-Policy).

**I acknowledge I have carefully read and understand all terms of this Bike MS Release and Waiver of Liability.**

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Relationship:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

## **COMPLETE BELOW SECTION IF YOU ARE A PARENT/GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:**

I attest that I am in fact the parent or legal guardian of the below-named participant and am legally authorized to sign on the participant's behalf. I hereby give my approval to this individual's participation in Bike MS. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my dependent and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my dependent's participation in Bike MS. I consent to the foregoing and grant permission for my dependent to participate in Bike MS. I attest that my dependent, the below-named participant, is a minimum of twelve (12) years of age as of the date of Bike MS and that my dependent will be accompanied by \_\_\_\_\_ (insert name of adult twenty-one (21) years of age or older) ("Temporary Guardian") throughout his/her participation in Bike MS. I entrust Temporary Guardian with the health and well-being of my dependent throughout the duration of Bike MS.

I attest that I, along with my dependent, have read the Society's safety guidelines, including, but not limited to, the *Safety in Group Cycling* brochure and fully understand and will comply with such guidelines.

I acknowledge I have carefully read, accept, and agree to the terms of this Waiver, and know and understand its contents and I sign the same on my own free act and deed.

**Dependent's Full Name:** \_\_\_\_\_

**Parent/Guardian's Full Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_