

# SAUCON RAIL TRAIL SPECIAL EVENT REGISTRATION FORM

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## **General**

All organized events on the Saucon Rail Trail (SRT) require the approval of the Saucon Rail Trail Oversight Commission. Completion of this registration form will ensure that event organizers have adequately planned for an event and will reduce the chance that multiple events will be held on the same section of the trail on the same day.

The Saucon Rail Trail, which consists of a 7.5-mile long gravel surface, currently runs through the communities of Hellertown Borough, Lower Saucon Township and Upper Saucon Township. Additional trail development will extend its length through the Borough of Coopersburg to the Bucks County line.

In 2011 the four municipalities approved the establishment of the Saucon Rail Trail Oversight Commission, which consists of two (2) representatives from each of the communities and is charged with planning, organizing, developing, promoting, managing, sponsoring, supervising, and maintaining the Saucon Rail Trail.

## **Registration Procedure**

- All registrations for events must be submitted on this form to the SRT Oversight Commission at [sauconrailtrail@gmail.com](mailto:sauconrailtrail@gmail.com).
- Registrations must be received at least (40) days prior to the actual event date.
- Submittal of the registration does not imply final approval or confirmation of the request. The registration must be approved at a meeting of the Saucon Rail Trail Oversight Commission.
- Trail events that plan to utilize Upper Saucon Township's Community Park, Hellertown Borough's Water Street or Grist Mill Parks, or Coopersburg's Living Memorial Park will require review and approval of the municipality prior to final SRT Oversight Commission approval of the event. Individual forms can be downloaded from their respective websites.
- During the review process the organization will be notified if the event requires any additional information or permits. These items must be received no later than ten (10) days prior to the event. Delays in providing these items may delay the Oversight Commission's ability to complete their review and approval of the event
- All required attachments must be included with the registration

## **Insurance Requirements**

An insurance certificate naming the municipalities of Upper Saucon Township, Lower Saucon Township, Hellertown Borough and Coopersburg Borough as additional insured must be submitted prior to the event.

## **Trail Rules & Regulations**

For the rules and regulations of each municipal section of the Saucon Rail Trail, please see:

Hellertown Borough – [www.hellertownborough.org](http://www.hellertownborough.org)

Lower Saucon Township – [www.lowersaucontownship.org](http://www.lowersaucontownship.org)

Upper Saucon Township – [www.uppersaucontownship.org](http://www.uppersaucontownship.org)

Coopersburg Borough – [www.coopersburgborough.org](http://www.coopersburgborough.org)

## **Authorized Parking for the Saucon Rail Trail**

### *Hellertown Borough:*

- Water Street Park – Water Street
- Grist Mill Park – Walnut Street

### *Upper Saucon Township:*

- Community Park – Preston Lane
- Station Avenue Trail Head

### *Lower Saucon Township:*

- Reading Drive Trailhead

### *Coopersburg Borough:*

- Living Memorial Park

# SAUCON RAIL TRAIL SPECIAL EVENT APPLICATION

\*Fields in bold print are required

Sponsoring Group or Organization

**Name of organization:**

\_\_\_\_\_

**Contact Person**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Zip**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_

**Email**

\_\_\_\_\_

**Is the organization a 501(c)(3) non-profit:**  Yes  No

Please provide contact person for the day of the activity below.

**Contact Person Name**

\_\_\_\_\_

**Cell Phone Number**

\_\_\_\_\_

Description of Activity

**Name of Event**

\_\_\_\_\_

**Type of event:** (Choose one)

Fund raising  Road race  Social event  other

**Mode of transportation:** (check all that apply)

Walk  Run  Bike  Wheelchair  Cross Country Skis  Other

**Expected number of participants**

\_\_\_\_\_

**Date of Event**

\_\_\_\_\_

**Rain Date**

\_\_\_\_\_

**Event Setup Start Time**

\_\_\_\_\_

(What time will items such as tables, tents, aid stations be set up.)

**Event Start Time** \_\_\_\_\_

**Event End Time** \_\_\_\_\_

**Starting Point** (see map):

- Community Park
- Grist Mill Park
- Water Street Park
- Reading Drive Trailhead
- Living Memorial Park
- Other \_\_\_\_\_

Turn around point (if any): \_\_\_\_\_

**Ending Point**

- Community Park
- Grist Mill Park
- Water Street Park
- Reading Drive Trailhead
- Living Memorial Park
- Other \_\_\_\_\_

**Event Support Needs**

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Any large organized activity could place a strain on local services and facilities. To help assess whether additional support is needed, please answer the following questions.

Please be advised that the organization holding the event will be responsible for all additional costs incurred by the municipalities that are directly related to this event such as police, trash removal or recycling, repairs or maintenance, portable restrooms, etc.

**Where will participants park and/or be dropped off and picked up?**

- Community Park
- Grist Mill Park
- Water Street Park
- Reading Drive Trailhead
- Living Memorial Park
- Other \_\_\_\_\_

**Will participants be provided with water?:**       Yes       No

**Will participants be provided with food?:**       Yes       No

If so what type \_\_\_\_\_

**How will medical emergencies be handled?**

(Event organizers will be required to indemnify the Municipalities from liability incurred during the event)

\_\_\_\_\_

**Please indicate type(s) and location(s) of aid stations, tents, tables, etc:**

\_\_\_\_\_

**What provisions are being made to remove trash generated by this event?**

\_\_\_\_\_

**What provisions are being made to remove signs and other event markings?**

(Marking of the trail surface railings, etc. is prohibited)

\_\_\_\_\_

**How will you ensure safety at crossings of road intersections?**

\_\_\_\_\_

**Will the gates at the road crossings have to be opened for this event?**

\_\_\_\_\_

**How will weather events be handled?**

(e.g., rain or extreme heat?)

\_\_\_\_\_

Additional comments or information related to the event

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form, I agree that I represent the above organization conducting the said event and agree to abide by the applicable trail rules and the Event Registration Guidelines, including a post-event clean up within 48 hours.

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Date

**Do not write below this line**

**Action by Saucon Rail Trail Oversight Commission**

- Approved by \_\_\_\_\_ Hellertown Borough (if applicable)
- Approved by \_\_\_\_\_ Upper Saucon Township (if applicable)
- Approved by \_\_\_\_\_ Coopersburg Borough (if applicable)
- Approved by \_\_\_\_\_ Lower Saucon Township (if applicable)
- Approved at meeting of SRT Oversight Commission on \_\_\_\_\_
- Denied at meeting of SRT Oversight Commission on \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
Secretary  
Saucon Rail Trail Oversight Commission

\_\_\_\_\_  
Date

<i>Distribution:</i>
<input type="checkbox"/> Copy to Municipalities
<input type="checkbox"/> Copy to Emergency Services
<input type="checkbox"/> Notice Posted on Trail Bulletin Boards & SRT Website

**HOLD HARMLESS CLAUSE**

Coopersburg Borough  
5 N Main Street  
Coopersburg, PA 18036

Hellertown Borough  
685 Main Street  
Hellertown, PA 18055

Lower Saucon Township  
3700 Old Philadelphia Pike  
Bethlehem, Pa 18015

Upper Saucon Township  
5500 Camp Meeting Road  
Center Valley, PA 18034

The undersigned agrees to hold harmless, indemnify and release above listed Municipalities, its agents, employees and supervisors for any damage or loss or injury which may occur during the course of the event proposed by the undersigned. The indemnification and release shall include indemnification for all acts or events created by the Municipality, its agents, employees, recreation committee, and supervisors, or mayor, and shall include, but not be limited to, all costs of the suit, defense or judgment entered against the Municipality.

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

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

Organization: \_\_\_\_\_

Witness: \_\_\_\_\_