

PERMIT APPLICATION

INTERNAL ROUTING SHEET

							DAT	E: 03/15/2022			
PERMITTEE LAND ACCESS											
Permit Requestor:	Caryn Laiı	rd		Organization:	Almaden Cycle Touring Club						
Preserve(s) Name(s):	CVAL			Event Activity:	Annual bicycle tour fundraiser with 5 courses, using Equestrian lot as rest stop (see diagram)						
Dates of Activity:	04/23/20	22		Add Lock?	YES	<u> </u>					
Time of Access:	8:00AM-6	5:00PM		Date to Add Lock:	N/A						
# of Adults & Children		ith 2-3 c	ng to rest stop, 3 ars will be	Date to Remove Lock:	N/A						
OSA Staff Needed?	YES NO			Key # / Code?	N/A						
Name of Staff:	Need staff to open equestrian lot. Group is self-sufficient and bringing own portapotties.			Annual Reporting required?	YES	NO 🗵	Date Due:				
Certificate of Insurance (explain):	YES NO RECEIVED		Permit Fee Required:	YES NO Explain: REC			RECEIVED				
ROADS ACCESS							•				
Foot/Vehicle/Other:	Foot/Vehicle/Other: Needs equestrian lot, 2-3 cars stationed there										
SPECIAL REQUIREMEN	TS/NOTES	(Enter i	n any info for permit	tee)							
Field:											
Megan Robinson Resource Management:											
Environmental Education:											
We have our earth day activity at spreckles from 10-12noon but cval is clear.											
DEPARTMENT REVIEW	1										

DEPARTMENT REVIEW					
Field	Megan Robinson Megan Robinson (Mar 16, 2022 11:28 PDT)	Mar 16, 2022			
	Signature	Date			
Resource Mgmt.	Galli Basson	Mar 16, 2022			
	Signature	Date			
Environmental Education	Teri Rogoway Teri Rogoway (Mar 18, 2022 08:43 PDT)	Mar 18, 2022			
	Signature	Date			



33 Las Colinas Lane San Jose CA 95119 Phone: 408-224-7476 Fax 408-224-7548 Openspaceauthority.org

OPEN SPACE PRESERVE USE PERMIT

PERMIT #	#0360		PERMIT	PERMIT DATE(S):			PERMIT TYPE: ☐ Fieldwork ☐ Educational				
	#0268		022	* *			☑ Athletic Event ☐ Large Group/Event				
	PERMITTEE INFORMATION										
Applicant Name (First & Last): Caryn Laird					Organization: Almaden Cycle Touring Club						
Address: P.	O. 6747	Jose	State: CA Zip: 95150								
Email Address celaird@l	notmail.com	Cell Phone: 408-779-5121									
Cornndary Co	ntact Name (Firs	t & Last)			Cell Phone:						
ACTIVITY INFORMATION											
		scribe the event in de Include map of any d	•		Name of Preserve(s): Coyote Valley OSP						
	uthority's trails): icycle toul	r fundraiser w	ith 5 cour	ses -	Any special access	needs:					
33 miles	, 100 mile	s, 100k (3 op	tions)		Location of Activity (Trail(s) names, Property Names or Study Areas):						
Begin Setup Date:	04/23/22	Activity Start Date:	0800	Arrival Time:	0900		Finish Cleanup Date: 1800		Number of Adults:	1200	
Begin Setup Time:		Activity End Date:		Departure Time:		Finish Clea Ti	nup me:		Number of Kids:		
SPECIFIC E	VENT INFORM	MATION			d — — — — — — — — — — — — — — — — — — —						
☑ Yes	□ No	Will any equipme	ent be used or	the event site	e? (Examples: fenc	e, tent, cano	py, ta	ble, chairs)			
☐ Yes	□No	Will the event re	quire reserve	d parking or pic	cnic benches?						
☑ Yes	□No	Will there be any	food and/or	beverage sold	or served at the ev	vent?		1-3020110	11 W		
☐ Yes	☑ No	Will there be sale	Will there be sales of any kind?								
VEHICLE IN	FORMATION										
Make & Model (Primary): Color:				License Plate #: Total # of Vehicles:					s:		
PERMIT CO	NDITIONS										
Permit Fee: \$	Permit Fee: \$250 Cash or heck Date Paid: 3/2/22 Certificate of Insurance: Required										
ACKNOWLEDGMENT & AGREEMENT											
I agree to follow all rules, regulations, restrictions and conditions of this Permit. I agree to indemnify and hold harmless the Open Space Authority (OSA), its officers, agents and employees, against all claims, costs (including attorney's fees), suits, judgments, and demands of any and all persons for injury, including death, or property damage sustained by any person or persons, arising out of or related to the activity or event as described in this permit. See page 2 for Permit Conditions.											

Please initial each, acknowledging that you have read, understood and agree to the policy as listed in each paragraph.

Waiver of Liability: I hereby waive and release the OSA from and against any and all claims or liabilities arising in any way from my activities on OSA property, including, without limitation, activities on rugged, uneven and steep terrain, contact with ticks, rattlesnakes and poison oak, and /or the use of tools or vehicles.

Permittee is required to keep a copy of the approved permit visible on the vehicle dashboard AT ALL TIMES while Permittee or Vehicle is on OSA property.

Applicant Signature:	Date:	Approved by (OSA Representative):	Date:
Carin Laurel	11/30/20	Pizabeth Loretto	Mar 21, 2022



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PERMIT CONDITIONS

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PERMIT CONDITIONS

The general conditions below, as well as any Restrictions or Special Conditions for the permitted event specified above, shall apply and are conditions of the Permit.

The purpose of the OSA is to acquire and preserve open space land; protect and restore the natural environment; and provide opportunities for ecologically sensitive public enjoyment and education. Events or activities must not adversely impact natural resources. The ability of individuals and small groups to access and enjoy the peace and solitude of open space areas must be

Initial Here: CL

GENERAL PERMIT CONDITIONS

Events must not be advertised in advance of a signed permit being obtained from the OSA. Permittee is solely responsible for any consequences of pre-advertising an event in advance of obtaining a permit, and the Permittee's pre-advertising will not be considered the OSA's decision regarding the issuance of a permit. Permittee is solely liable for any injury to persons or property occurring as a result of such pre-advertising.

Copies of all fliers, brochures and other materials used to advertise the event shall be provided to the OSA at least four (4) weeks in advance of the event.

Permittee must provide the OSA with a cellular telephone number or other contact where a responsible person can be reached on the day of the event, and during the event, should the OSA have the need to contact event organizers.

Permittee understands that a permit issued by the OSA is only valid for access and use of the OSA lands specified in this Permit. Permission to access and use any adjacent private land, or land controlled by another government agency, must be obtained from the appropriate owner or land manager.

Permittee shall comply with all permit conditions, as well as federal, state, local and OSA laws, regulations and ordinances.

Permittee shall immediately comply with any instructions from OSA Staff members prior to and during the event.

Cones or flags may be used to mark trails. Paint, chalk, flour or anything similar may not be used. These substances are harmful to

Signs may not be attached or mounted on OSA signs, fences, gates or trees.

Monitors maybe required at specified trail junctions, based upon the OSA's review of the Permittee's application. This will be noted above under Restrictions or Special Conditions.

Permittee must provide at least one person certified in Standard First Aid (or higher) and Cardio-Pulmonary Resuscitation, and provide the name and certification of that person to the OSA.

Permittee is responsible for site clean-up and removal of all litter immediately after the event. In the event that OSA Staff must cleanup or remove litter or repair any damage to OSA property or natural resources, Permittee will be charged for such Staff time.

Initial Here: CL

RESOURCE PROTECTION: WILDLIFE, VEGETATION, PATHOGENS

Wildlife: no wildlife shall be harassed, harmed, or taken under this permit.

**If you see any Special Status species please note the location but do not disturb or touch the species and contact an Authority representative as soon as possible (example: plants, amphibians, reptiles, invertebrate, birds, mammals, etc).

Minimize Impacts to Soil and Vegetation: Avoid walking on steep slopes and bare soils to reduce erosion. Avoid walking on sensitive vegetation.

Preventing the Spread of Weeds and Disease: remove seeds, plant parts, and soil from shoes before entering and upon leaving each preserve.

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RESOURCE PROTECTION: CULTURAL

Never pick up or remove items that are possibly historic or pre-historic artifacts. Report all possible finds to the Authority. No excavating or digging is allowed except to the extent, and as specifically described in this permit.



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Initial Here: ____CI____ SITE ACCESS, BY PRESERVE

Do not leave other locks out of the lock series.

Leave gates as you found them, especially if cattle are present.

Initial Here: CL SAFETY PRECAUTIONS

Mountain Lion: Though attacks are extremely rare, if you see a lion acting unusual make yourself seem big, scary and make a lot of loud noise while carefully leaving the area. If you are attacked, fight back. Report any unusual behavior to Authority representative as soon as possible.

Designated Contact: Permittee shall establish a designated contact person within their organization to verify their planned time of site arrival and return. If the permittee does not notify the contact of their return according to the plan, the permittee's designated contact shall be responsible for notifying the authorities that the permittee is missing.

Initial Here: CL EMERGENCY COMMUNICATIONS PROCEDURE

Permittee shall instruct organizers/staff to quickly dial 911 to report any serious injury or immediate threat to life or property occurring on OSA lands.

Non-emergency requests for OSA Staff assistance may be made by calling (408) 224-7476.

Permittee shall ensure that on-site event organizers/staff have sufficient communication capability to relay an emergency message to someone who has reliable access to a working telephone to report emergencies. Permittee shall identify a location in advance of the event from where they can make an emergency telephone call, either by cellular telephone that has service, or by landline telephone. The information about this location shall be relayed to all on-site event organizers/staff. Where cellular service is sporadic, Permittee shall provide on-site event organizers/staff with radios to ensure that emergency messages can be relayed to a cellular telephone that has service or a landline telephone.

Initial Here: CL FINANCIAL CONDITIONS

The Permittee must provide the OSA general liability and property damage insurance to a minimum of \$1,000,000. Such insurance shall name the OSA as additionally insured on the group or organization's commercial general liability insurance policy. The OSA requires a certificate of additional insured four (4) weeks prior to the event.

The Permittee will submit a check made payable to Open Space Authority for \$250.00 to cover administration costs for reviewing and approving this Permit prior to its issuance. If the event requires OSA Staff time, the Authority may charge additional sums or require a deposit against which such costs will be charged if such sum is not certain at the time of Permit issuance.

Initial Here: __CL__ DISPLAY OF PERMIT:

Permittee shall carry a copy of the complete Permit with Permit Conditions in the field on their person. Permittee is required to keep a copy of the approved permit visible on the vehicle dashboard AT ALL TIMES while Permittee or Vehicle is on OSA property.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/15/2022

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							equire an endorsement.	Ast	atement on
PRODUCER					CONTACT						
American Specialty Insurance & Risk Services, Inc.						NAME: PHONE FAX					
dba A.S.I.R.S.I. Insurance Agency (CA License #0E72661)					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
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	X	OTHER: CLUB								\$	
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AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y / N									E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below										\$	
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DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)		
- C	over	age applies to ALMADEN CYCLE T	OUR	ING (CLUB. P. O. BOX 6747. S/	AN JOS	SE. CA 95150				
					0101,		, , , , , , , , , ,	•			
_ TI	he C	ertificate Holder shall be an Additior	nal In	SUITAN	hut only with respect to the	he oner	ations of the I	Named Insure	and subject to the prov	ieione	and
lim	itatio	ns of Form CG 2026 Additional Inst. , 2022.									
CERTIFICATE HOLDER CANCELLATION											
Open Space Authority					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
33 Las Colinas Lane					AUTHORIZED REPRESENTATIVE						
San Jose			CA 95119			Drew Sund					

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Permit 0268 -- Almaden Cycle Touring Club -- CVAL -- Cycle Tour -- 4.23.22

Final Audit Report 2022-03-21

Created: 2022-03-16

By: Ivy Rylander (irylander@openspaceauthority.org)

Status: Signed

Transaction ID: CBJCHBCAABAA-PLTdWuKYfKcvEdjvwvMx8N3ejDAXKoQ

"Permit 0268 -- Almaden Cycle Touring Club -- CVAL -- Cycle Tour -- 4.23.22" History

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