

care
Women's Medical Center Walkathon

Event Date(s): April 6, 2024 7:30^{am} - 10:30^{am}

Added to Rec Calendar: 12/14/23
Added to Legistar: 12/14/23
Legistar File ID #: 23-0708
Agenda Date: 1/2/2024

Event: Approved Disapproved

Park Rental Fee: _____

Damage Deposit: _____

Total Amount Due: _____

Total Amount Paid: Please Waive

Payment Date: _____

Balance Due: _____

Receipt #: _____

Event Details

Event Title: Women's Care Medical Center Walk-a-thon

Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Outdoor Market |
| <input type="checkbox"/> Parade* | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Festival/Fair | <input type="checkbox"/> Social |
| <input type="checkbox"/> Demonstration* | <input type="checkbox"/> Road Closure* |

*Additional paperwork is required to be submitted directly to Foley PD. Please See Appendix A

Provide a clear statement of the specific reason(s) you believe the event will significantly contribute to and benefit the City of Foley.

WALK A THON helps maintain yearly budget.
We have an office in Gulf Shores and one in Robertsdale that serves men & women who live in Foley.
All our services are NO COST so we have to raise funds to cover expenses.

Provide a clear statement of the opportunity for City-wide citizen participation in the event.

Everyone is welcome to participate in our walk. Many Foley citizens and churches participate in this event each year!

Are there any potential negative impacts to the local business community or surrounding areas?

No

The City reserves the right to request an Event Application Presentation to staff if they deem the event to have an impact on the surrounding community.

Event Details Continued

Setup Date & Time: April 6, 2024 7am
Event Start Date: April 6, 2024 Event Start Time: 8am
Event End Date: April 6, 2024 Event End Time: 10am
Clean-up Date & Time: April 6, 2024 10:30am

Outdoor entertainment may take place from 8 am - 10 pm, Sunday - Thursday and 8 am - 11 pm on Friday and Saturday.

Main Contact Name: Tricia Hughes
Phone Number: 251-599-0381 Backup Phone Number: Sue 251 406400
Email Address: Sue.leavis@womenscaremedicalcenter.org

Where will the event take place?

Public Property

Park Property walk on the sidewalk

Estimated Attendance: 80 Come and go

Estimated Attendance Previous Year: 75

Estimated Attendance During Peak: _____

Event Website/Facebook Page: www.friendsofwcmc.org

Event Promoter (if other): _____

Is this a repeat event for the City? Yes, we have done annually

Will the event include any of the following?

Fireworks

Mobile Food Vendors

Generators

Street Closure

Live Entertainment

Parade

Tents only if raises for sign in 10x18

Tents over 400 sq. ft.

Alcohol

Other _____

Petting Zoo, Carnival, Circus, Inflatables (if yes additional insurance will be required)

Open Flames of Any Type

Required Documents

Site Plan

- Provide a detailed plan on the location of the following:
 - Music, barricades, food truck and vendor layout
 - Number of toilets (how often are toilets serviced) and hand-washing sinks
 - Entries and exits, including emergency access if deemed necessary

Utilities Plan

- Utilities including electrical requirements/generators and water supply.
- Obtaining complete electrical and water needs information from vendors, musicians, tent lighting, entertainers, exhibitors, is the responsibility of the event organizer.
- Event organizers will need to decide if the existing power facilities are suitable.
- The installation and distribution of all electrical power used to support the event shall be completed by a licensed electrician. In some cases, electrical distribution plans and load calculations prepared by a licensed electrician may be required.

Security/Safety Plan

- Plan will be developed and approved in coordination with Foley PD/FD
- Please describe your security plan including crowd control, internal security, and venue safety.
- Foley PD officers are required when alcohol will be served at City facilities.

Emergency Action Plan

- Please describe your basic emergency response plan including:
 - Identification of who will make key decisions such as canceling the event
 - Plans for communicating with event staff, volunteers, guests, vendor, on-site police/security, and first aid providers
 - Plan for safely managing site evacuation
 - Plan for injured participants or lost children
 - Plan for securing potentially dangerous items on the event site (tents, signage, propane tanks, and items that can be propelled by high winds)
 - Plans for inclement weather

Medical Plan

- This will require a plan to be approved by Foley Fire Department.
- The event organizer shall be responsible for making adequate plans for medical coverage of performers, employees, participants, and attendees. Please describe your medical plan including your communications plan and the types of resources that will be at your event.
- Please identify any medical aid areas.

Required Documents (continued)

Waste Management Plan

- Consideration must be given at all times to how waste generated by event will be managed by Event Organizer. Depending on the details of your event, you may be required to develop a Waste Management Plan. Please note, if waste is left at City venues following an event the cost of removal and clean-up will be passed on to the Event Organizer.

Noise Control Plan

- Please describe the sound equipment that you will use N/A

- Will you be using amplification? Yes No
- What noise sources are anticipated from the event?
 - Pre-recorded
 - Live music/band
 - Acoustics
 - PA System
 - Other _____
- Please provide a list of performers, performance type, music genre, performance times and duration. The complete performance list is required 7 days prior to the event.

Road Closures

- Parades and Road Closures must be approved by City of Foley PD. All events must give substantial notice (60 days) to minimize the risk to your event.

Additional Service Providers

- Provide a complete list all event service providers 7 days prior to event including EMS, Carnival Operators, Portable Toilets, Tables/Tents, Barricades/Traffic, etc. This must also include all food vendors so Foley FD can check for adherence to fire code.

Marketing Materials

- Any signage must comply with the City's Temporary Advertising Signs Policy. Signage must be robust and of good quality. Additional signage may require a permit,
 - Do you wish to erect signage or banners within the City to promote your event
 Yes No
 - Type of signage or banners: _____

Required Documents Continued

Certificates of Insurance

- Any amusement rides or inflatables required additional insurance with the City listed as an additional insured. In addition to completing the application form and paying permit and rental fees (when applicable), the applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Foley (City of Foley, Alabama, Attn: Special Events Division, P.O. Box 1750, Foley, AL 36535) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Proof of insurance, acceptable to the City, shall be furnished no later than five (5) days preceding the date of the assembly. Failure to provide proof of insurance will automatically revoke permit. Each certificate of insurance shall provide that the insurer must give the City of Foley at least twenty-one (21) days' prior written notice of cancellation and termination of the applicant's coverage there under.

Events run for profit and commercial purposes will be subject to an application fee. Please contact the City of Foley for current fees and charges. Processing Fee TBD due 21 days prior. Applications will not be accepted less than 21 days before an Event Date. All vendors participating in events must have a business license or special event license.

Fire Department Representative: _____

Police Department Representative: _____

Public Works Department Representative: _____

Leisure Services Department Representative: _____

Department	Estimated Cost
Fire Department	
Police Department	
Public Works	
Leisure Services	
TOTAL	

City Council Approval Date: _____

Self-Certification Form

I/We, Sue Leavins, as the event organizer seeking approval to host an event within the City of Foley, acknowledge that the information submitted in this application is true and correct.

I/We accept full responsibility for any damages incurred to City of Foley premises including irrigation lines, electrical lines, water mains, electricity, toilets, pavilion, and other permanent structures as a result of our activities during the specified contract period.

I/We indemnify the City of Foley against any action, suit or proceeding caused by my failure to observe all statutory and or other requirements or as a result of my negligence or willful actions.

I/We will ensure the appropriate liability and other insurances are in place for the activities to be conducted.

I/We understand that I am responsible for obtaining approval from all applicable agencies.

I/We will keep a copy of the completed form on-site during the event to present upon request to any police officer prior to or during the event.

I/We will provide a post event letter to the Mayor and Council to identify the contributions made to the local community.

Signature: 

Date: 11/30/2023

Print Name: Sue Leavins

Additional Application for Parade/Demonstration/Road Closure

TO: Foley Police Department
200 East Section St
Foley, AL 36535

Instructions: This application shall be filed not less than ten (10) days before the date on which it is proposed to conduct the parade/demonstration/road closure.

What are you applying for?

Parade Demonstration Road Closure

Name of Sponsoring Organization: _____

Applicant: _____

Event Manager/Person in Charge: _____
(If there is a different person in charge of activities at different locations, each person must be listed.)

Address: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Purpose of Application for Permit: _____

Estimated Number of Participants: _____

Date of Activity (Month/Day/Year) From: _____ To: _____

Starting Time: _____ a.m. p.m. Disbanding Time: _____ a.m. p.m.

List any Special Equipment (hand carried, shown, displayed, props, stages, sound equipment, and other structures) that will be used in assembly or rally areas
(If insufficient space, list on separate sheet) _____

Parade/Demonstration Route/Assembly area (If insufficient space, list on separate sheet) _____

Please list street closures and why they are necessary (If insufficient space, list on separate sheet) _____

Additional Application for Parade/Demonstration/Road Closure (continued)

Number & Type of Vehicles: _____

Number & Type of Animals: _____

Number & Type of Bands: _____

Number & Type of Banners: _____

Number & Type of Signs: _____

Number & Type of Special Props: _____

Number of Parade Marshals: _____

Speed (if applicable) units at which the Parade/Demonstration is to move:

Minimum: _____ Maximum: _____

APPLICATION/PERMIT NOT VALID UNLESS SIGNED

Signature of person filing application/permit: _____

Printed name of person filing: _____

Contact Information

Address: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

No person or entity shall engage in, participate in, aid, form, join, incite, continue, organize, or start any Parade/Demonstration/Road Closure unless a Parade/Demonstration/Road Closure Permit has first been obtained from the Police Chief. The Police Chief, if he deems necessary, may require the applicant to designate a certain number of additional people who, along with the Event manager, shall be responsible for conducting the Parade/Demonstration/Road Closure in an orderly manner in compliance with the Parade/Demonstration/Road Closure Permit and other laws and regulations.

For Internal Use Only

Date Submitted: 11/30/25 Application Approved Application Denied

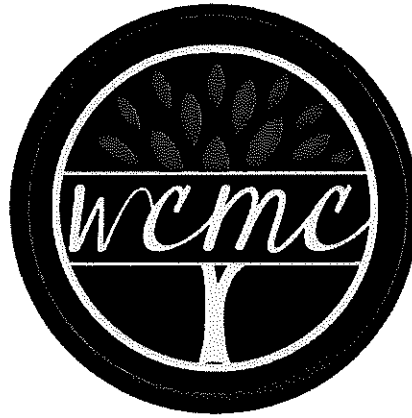
Leisure Services Signature: _____

Police Chief's Signature (if needed): _____

Fire Chief's Signature (if needed): _____

WOMEN'S CARE

Post Office Box 1610
Robertsdale, Alabama 36567



MEDICAL CENTER

251.947.2111
www.FriendsofWCMC.org

November 16, 2023

City of Foley
P.O. Box 1750
Foley, AL 36536

Dear City Council,

Women's Care Medical Center is a 501c3 organization and has been providing early pre-natal care to women in unplanned pregnancies since 1990. We are also partners in education with the Baldwin County Board of Education and provide abstinence education programs. We are located in Robertsdale and Gulf Shores and serve the entire county. Last year alone we served over 2600 clients from all across our county and taught over 4600 students. All our services are free of charge.

I am requesting your permission to use the John B. Foley Park for our annual Walk for Life to be held on April 6, 2024. The event is held from 8:00 a.m. till 10:00 a.m. and we are expecting around 80 people. The walkers generally do not come all at once but come at various times thru out the event.

We do not receive any government funding and rely heavily on our Walk for Life fundraiser to be able to continue to serve women and children and provide abstinence education in our schools. Thank you in advance for your consideration to waive any fee that may be required to use the John B. Foley Park.

We are thankful for your past gracious welcome in Foley and remain grateful for our partnership in helping women in unplanned pregnancy. Thank you for your kind consideration in using your park.

Sincerest Regards,

Sue Leavins
Executive Director

