WCU On-Campus Race Packet

All races held on campus must complete this Race Packet, obtain all required signatures, and refer to the WCU Race Resource Guide. This process ensures each organization hosting a race on campus will put on a quality, safe event for the Western Carolina University and surrounding communities.

Included in this race packet are two forms that must be completed within the timeframes listed below, as well as the waiver that needs to be used for all races on campus. Failure to submit paperwork on time or utilize the correct waivers will result in the cancellation of the requested event. If a race is held on campus without the proper application forms submitted, approvals received, and waivers completed, disciplinary action will occur.

Form 1: WCU On-Campus Race Application (General)
This form must be completed, including all approval signatures, no later than 14 days prior to the race. This form can be submitted to the Associate Director for Campus Recreation & Wellness.

Form 2: WCU On-Campus Race Application (Campus Police)
This form must be submitted to the WCU Police Department (WCUPD) Event Coordinator with no later than 14 days prior to the race. If an alternate route is being requested, submission must occur no later than 90 days prior to the event. This gives Campus Police enough time to set up meetings with the race organizers to discuss possibilities and approve alternate routes.

Race Route
The approved route for races is the Catamount 5K route on the Campus Walking Routes. This map can be found on the Campus Recreation & Wellness website at reccenter.wcu.edu. Click on Recreation & Wellness, then Walking Routes. If using this route, no additional approvals are required for the route.

Waiver
The waiver in this packet must be used for all races on campus. If any changes are made to the waiver, these must be made through the Legal Counsel Office on campus.

EMS Standby Request
On the application, the EMS Standby Request is required to be made prior to submitting forms and holding event. The request form can be found on the WCU Emergency Medical Services website, ems.wcu.edu. After submitting the request, print a copy of the confirmation page to include with this application.
WCU On-Campus Race Application
Submit to Associate Director with Campus Recreation & Wellness (CRW)
no later than 14 days before event.

Event Name: _______________________________ Date of Event: ______ Time of Event: ______________

Sponsoring Organization: _____________________ Budget Code for Event Costs: ___________________

Requesting Person: _________________________ Phone: _____________________ Email: ______________________

Estimated Number of Participants: _______________ Number of Volunteers: _______________

Race Route:  [ ] Approved Standard Route
[ ] Alternate Route (Requires approval by WCUPD Event Coordinator, Campus Police)

Requested Date of Race: ____________ (Requires approval by Associate Director, Campus Recreation and Wellness)

Facility Spaces Needed* (including restrooms, outdoor spaces, etc.):
[ ] Central Plaza  [ ] UC Lawn
[ ] Campus Recreation Center  [ ] University Center
[ ] Ramsey Center  [ ] Courtyard Dining Hall
[ ] Other, please specify: ________________________________________________

*Requires approval by Building Supervisors; outdoor spaces through Information & Reservations Coordinator, UC.

EMS Standby Request Completion: [ ]
(Include copy of confirmation page with this document)

Spray Chalk Needed: ____________ (number of cans)
(Purchase at Campus Recreation Center for $3/17 oz can)

Campus Recreation & Wellness (CRW) Equipment Needed:
All CRW equipment also needs to be requested through the online request process on the CRW website.

[ ] Cones (small)  [ ] Stanchions
[ ] Stopwatches  [ ] Flags
[ ] Other, please specify: ________________________________________________

Approval Signatures:

Date of Event (Campus Recreation & Wellness): _______________________________ Date: ______________

Race Route, if applicable (Campus Police): _______________________________ Date: ______________

Facility Spaces:  Building/Space  Building Supervisor Signature

________________________________  _______________________________ Date: ______________

________________________________  _______________________________ Date: ______________

________________________________  _______________________________ Date: ______________
WCU On-Campus Race Application: Campus Police

Submit to WCUPD Event Coordinator with Campus Police no later than 14 days before event. If alternate route is being requested, submission must occur no later than 90 days prior to the event.

Event Name: ___________________________  Date of Event: _____  Time of Event: ________________

Sponsoring Organization: __________________  Address: ________________________________

Budget Code for Event Costs: ______________  Phone Number: _________________________

Requesting Person: ______________________  Email Address: _________________________

Race Route:    ☐ Approved Standard Route  ☐ Alternate Route (Requires Approval)

Estimated Number of Participants: ______________  Number of Volunteers: ______________

Type of Service Requested:

☐ Police Officer (Traffic Control)  ☐ Parking Officer (Hold Spaces/Lots)
☐ Barricaded Spaces/Streets  ☐ Signage
☐ Reserved Lots  ☐ Traffic Vests (Number ___)*
☐ Medium Traffic Cones (Number ___)*  ☐ Large Traffic Cones (Number ___)*

Provide Specific Details Regarding Requested Services: _______________________________________________________

___________________________________________________________________________

_____________________________________________________________________________________

*Can be borrowed from Police Department if requested Seven Days prior to the Event.
*Must be picked up at the Police Department 24 hours prior to the event and returned within 24 hours of the conclusion of the event. Event Organizers are responsible for the replacement costs of missing cones, vests, or other borrowed equipment.

The University Police cannot schedule the assistance of on duty officers during your event.

Your organization can request off duty police officers at your event by agreeing to pay $30 per hour per officer for a minimum of three hours. The cost for Parking Services Officers is $20 per hour per officer with a three hour minimum. Note: A 72 hour cancellation is required or your organization will be billed a minimum of three hours for each employee requested.

The University Police can assist your event by reviewing your race plan and recommending where personnel should be placed on the course. The review must take place two weeks prior to the event. Depending on the course, length, and affected parking lots ample notice must be given to the Campus Community that may affect Parking or Traffic. These notifications are sent through the Chief of Police and require advance notice.

Signature of WCUPD Event Coordinator: ___________________________  Date: ________________
Required Waiver Text  
Must be included on/in registration form or registration process and signed by all participants. If participants are under 18 years of age, a parent/guardian must sign.

I UNDERSTAND THAT PARTICIPATION IN THE EVENT IS POTENTIALLY HAZARDOUS AND THAT A PARTICIPANT SHOULD NOT PARTICIPATE UNLESS MEDICALLY ABLE AND PROPERLY TRAINED. I UNDERSTAND THAT PARTICIPATION IN THIS EVENT COULD RESULT IN INJURY, POSSIBLY SIGNIFICANT, THAT MAY RESULT IN DEATH. I UNDERSTAND THAT THE EVENT MAY BE HELD OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED.

In consideration of your accepting me/my child’s registration, I hereby for myself, my child, my heirs, executors and administrators waive and release any and all rights and claims for damage I or my child may have against Western Carolina University, the University of North Carolina; and all employees, officers, governors, trustees, and legally authorized agents and representatives who are in any way connected with this event/program, Western Carolina University and the University of North Carolina (“WCU”). I have the legal authority to enter into this agreement on behalf of the minor child participant and by proceeding with this Event, I agree that the terms of this Waiver shall apply equally to all participants. Further, in the event of an injury, I do hereby give permission and consent to authorize such First Aid and/or Medical and/or Hospital care or treatment as deemed appropriate. In addition, I am fully aware of the provisions covered by the fee for this event and I understand that if any emergency arises, any and all additional expenses incurred must be borne or assumed by the participants.

I agree to indemnify and hold WCU harmless from and against any and all damages, costs, claims or demands, including reasonable attorneys’ fees, made by any third party due to or arising from or relating to my participation in the Event.

I agree that this Waiver is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any provision of this Waiver shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver and shall not affect the validity and enforceability of any remaining provisions.

Signature of Participant:

______________________________

If Participant is under 18 years of age.

Signature of Participant’s Parent:

______________________________