



**TOWN OF HARRISON
VILLAGE OF HARRISON**
ALFRED F. SULLA, JR. MUNICIPAL BUILDING
BUILDING DEPARTMENT
1 HEINEMAN PLACE
HARRISON, NY 10528
Phone: 914-670-3050
Fax: 914-835-7491



MEMORANDUM

To: JACKIE GREER, TOWN CLERK
From: ROBERT FITZSIMMONS, BUILDING DEPT.
Date: January 22, 2016
Re: SPECIAL EVENT PERMIT **BLOCK-LOT: 0521.-26 - Application #: 16-24662**

THE BUILDING DEPARTMENT IS IN RECEIPT OF THE ATTACHED SPECIAL EVENT PERMIT FROM THE FOLLOWING PROPERTY OWNER AND/OR ORGANIZATION:

**ST JOSEPH'S HOSPITAL
275 NORTH ST
HARRISON, NY 10528**

THEY HAVE REQUESTED THE PERMIT FEE OF \$500 TO BE WAIVED. I AM REQUESTING TO PUT THEM ON THE NEXT AGENDA FOR APPROVAL BY THE TOWN BOARD.



St. Vincent's Hospital Westchester

A Division of Saint Joseph's Medical Center

January 21, 2016

Town/Village of Harrison
Alfred F. Sulla, Jr. Municipal Building
1 Heineman Place
Harrison, NY 10528

To Whom It May Concern:

St. Vincent's Hospital Westchester 7th Annual 5k Run/Walk event is planned for Saturday May 7, 2016. We are requesting to be placed on the Town/Village Board agenda for event approval and enable us to proceed with the advertising and marketing of the event. The details of the event are as follows:

DESCRIPTION: 5K Run / Walk - St. Vincent's Hospital Spring Sprint
DATE: Saturday, May 7, 2016
RAINDATE: (none)
TIME: Check-in 8:00 a.m. Start 9:00 a.m. Finish 11:30 a.m.
LOCATION: St. Vincent's Hospital, 275 North Street, Harrison - Start and Finish
Race Course: North Street, right Park Drive S, right
Manhattan Avenue, left Park Drive S, return to hospital.
CONTACT: Meg Sutton, Director of Development,
St. Vincent's Hospital,
914 925-5411 msutton@svwsjmc.org

The hospital's COI (listing the Town/Village of Harrison), and the notarized special events application are enclosed. The certificate of Worker's Compensation insurance and NYS Disability form will be sent shortly. We are asking if the special event fee can be waived. We will be using the services of the Harrison police for safety and would be **grateful to Mayor Belmont if he would, once again, serve as the Official Starter**. Please contact me at the number listed below if there are any questions or further information needed to proceed with our request. I look forward to hearing from you soon.

Sincerely,

Meg Sutton
Director of Development
914 925-5411

TOWN/VILLAGE OF HARRISON
SPECIAL EVENT PERMIT APPLICATION

Permit #	<u>16-2462</u>
Date:	<u>1/22/16</u>
Amount	_____
Receipt #	_____
FOR OFFICIAL USE ONLY	

**PURSUANT TO CHAPTER 106, BUILDING PERMIT FEE; OUTDOOR ASSEMBLIES,
OF THE CODE OF THE TOWN/VILLAGE OF HARRISON, NY**

The installation of all temporary structures shall be secured and clearances for exiting shall comply with Section 765.3C of the Uniform Code of the State of New York.

PROPERTY LOCATION 275 North Street, Harrison, NY
BLOCK 521 LOT 26
OWNER: Saint Joseph Medical Center PHONE (914) 378-7506
ADDRESS: 127 South Broadway, Yonkers, NY
LESSEE: _____ PHONE () _____
ADDRESS: _____
DATE(S) OF EVENT: Saturday, May 7, 2016
DESCRIPTION OF EVENT: 5/K Spring Sprint Run/Walk

PLEASE SUBMIT THE FOLLOWING:

- 1) A SITE PLAN SHOWING THE LOCATION OF ALL TENTS, GRANDSTANDS, BLEACHERS, CONCESSION STANDS, STAGES AND PARKING FACILITIES. ()
- 2) SPECIAL INDEMNIFICATION FORM (ATTACHED) ()
- 3) LIABILITY INSURANCE ()
- 4) PERMIT FEE OF \$500.00 ()

PLEASE NOTE: THAT AN ELECTRICIAN MUST FILE FOR AN ELECTRICAL PERMIT FOR TEMPORARY LIGHTING, GENERATORS, ETC.

Bernadette Kingham-Bez being duly sworn,
(Owner, Lessee, or Agent)
deposes and says that: Saint Joseph's Medical Center is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/her knowledge and belief.

Sworn to before me this 20
day of January 20 16.

Bernadette Kingham-Bez
(Signature of Applicant)
Francesca Tyrrell
(Notary Public)

FRANCESCA TYRRELL
Notary Public, State of New York
No. 01TY4936902
Qualified in Westchester County
Commission Expires August 15, 20 18



TOWN OF HARRISON
VILLAGE OF HARRISON

ALFRED F. SULLA, JR. MUNICIPAL BUILDING
1 HEINEMAN PLACE
HARRISON, NEW YORK 10528



Telephone: (914) 835-2000

Special Event Indemnification, Release and Discharge Agreement

St. Vincent's Hospital, (hereinafter "Indemnitor") agrees to protect, defend, indemnify and hold the Town of Harrison and the Village of Harrison, their officers, agents and employees free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind of character in connection with or arising, directly or indirectly, out of the Indemnitor or any participant at any event held or sponsored by the Indemnitor's use of the Town of Harrison's right-of-ways, roads, sidewalks, property, or facilities of any kind. Without limiting the generality of the foregoing, all such claims, etc., relating to personal injury, death, damage to property, defects in material, workmanship, actual or alleged infringement on any other tangible or intangible personal property or property right, or any alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.

The Indemnitor, further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which such indemnification would violate Section 5-322.1 of the New York General Obligations Law, or any other applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the owner for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the owner or its employees.

In consideration of the Town permitting the Special Event, I, for myself, my organization, my executors, administrators, and our respective successors and assignees, do hereby release and discharge the Town & Village of Harrison, and its representatives, officers, employees, agents and successors and assigns from all claims, damages, demands, action and causes of actions whatsoever, in any manner arising growing out of or concerning the special event.

By: Bernadette King
Authorized Signature
Title: SVH Executive Director
Organization: St. Vincent's Hospital

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss:

On the 30 day of Jan., in the year 2016 before me, the undersigned, personally appeared Bernadette King personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his /her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

FRANCESCA TYRRELL
Notary Public, State of New York
No. 01TY4936902
Qualified In Westchester County
Commission Expires August 15, 2018

[Signature]
Notary Public