



Permit Actions Town of Harrison

Permit Number: 23-41054

Block/Lot: 0631.-5

Description: CYCLING EVENT 9-23-2023

Applied: 4/24/2023

Approved:

Issued:

Finalized:

Owner: MANHATTANVILLE COLLEGE

Status: PENDING

Site Address: 2900 PURCHASE ST

Parent Permit:

City, State Zip Code: PURCHASE, NY 10577

Parent Project:

Contractor: HOSPITAL FOR SPECIAL SURGERY

E-11

Details:

LIST OF ACTIONS

DATE OPENED	DATE COMPLETED	TYPE	STAFF
4/24/2023		REFERRED TO TOWN BOARD FOR APPROVAL	SUZANNE FULLER

Notes:

PLEASE SEE THE ATTACHED APPLICATION SEEKING APPROVAL FOR A SPECIAL EVENT PERMIT. FURTHER REQUEST TO HAVE THEIR FEE WAIVED. INSURANCE WILL BE PROVIDED BEFORE THE EVENT.



BIKE HSS

On behalf of the Hospital for Special Surgery and Bike HSS
Gary Metcalf
Cadence Sports, Inc.
172 Trademark Drive
Buda, Texas 78610

Village of Harrison, NY
Town Board
1 Heineman Place
Harrison, New York, 10528

To whom it may concern:

Please accept this letter as a request to permit the 2023 Bike HSS, a bike ride to raise funds for the Hospital for Special Surgery in New York.

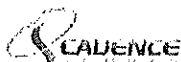
BIKE HSS is a one-day cycling MOVEMENT taking place on Saturday, September 23, 2023 in Westchester and surrounding counties in New York and Connecticut. The ride will start and finish at Manhattanville College in Purchase, New York. Friends of HSS, physicians, staff, and members of the local community will ride together in support of improved mobility and musculoskeletal health for people worldwide. In consideration of the cause related nature of this special event we would like to request the \$500 permit fee be waived.

Cadence Sports, Inc. on behalf of Bike HSS and the Hospital for Special Surgery have initiated discussions with other local communities and counties along the route to coordinate a safe journey for the cyclists.

Please find enclosed a copy of the proposed 2023 route. I can be reached directly by phone at 214.632.0119 or by email at gary@cadencesports.com

Sincerely,

Gary Metcalf
President, Cadence Sports, Inc.,
214.632.0119
gary@cadencesports.com



TOWN/VILLAGE OF HARRISON
Building Department
SPECIAL EVENT PERMIT APPLICATION

FOR OFFICIAL USE ONLY	
Permit #	_____
Date:	_____
Amount	_____
Receipt #	_____

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 2900 Purchase St

BLOCK 63 LOT 5

OWNER: Manhattanville College

PHONE () 212.606.1000 / 845.337.0858

ADDRESS: 2900 Purchase St.

EVENT HOLDER Hospital for Special Surgery

PHONE () 212.606.1000 / 845.337.0858

ADDRESS: 535 East 70th New York, NY

DATE(S) OF EVENT: September 23, 2023

DESCRIPTION OF EVENT: Multi distance cause cycling event that benefits the Hospital for Special Surgery.

PLEASE SUBMIT THE FOLLOWING:

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

PLEASE NOTE: THAT AN ELECTRICIAN MUST FILE FOR AN ELECTRICAL PERMIT FOR TEMPORARY LIGHTING, GENERATORS, ETC. THE INSTALLATION OF ANY TENTS MUST BE FILED WITH THE BUREAU OF FIRE PREVENTION.

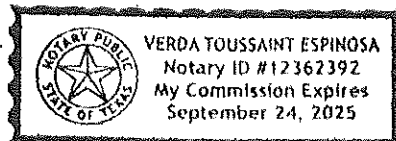
ALL APPLICANTS MUST CONTACT THE HARRISON POLICE DEPARTMENT FOR A PRE-PLANNING CONFERENCE.

Gary Metcalf

AFFIDAVIT

(Owner, Lessee, or Agent) _____ being duly sworn,
deposes and says that: Manhattanville College 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 19th
day of April 2023



(Signature of Applicant)

(Notary Public)

FOR OFFICE USE ONLY:

- ☐ TOWN BOARD APPROVAL
- ☐ HARRISON POLICE DEPARTMENT APPROVAL

TOWN/VILLAGE OF HARRISON
Building Department
SPECIAL EVENT PERMIT APPLICATION

FOR OFFICIAL USE ONLY
Permit # _____
Date: _____
Amount _____
Receipt # _____

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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 Bike HSS @ Manhattanville College - 2900 Purchase St. Purchase NY - Surrounding Areas of Harrison, NY

BLOCK _____ LOT _____ Manhattanville College
OWNER: Hospital for Special Surgery / Julie Bengis (Audience Sports) PHONE () 212.606.1000 / 845.337.0869

ADDRESS: 535 East 70th New York, NY 2900 Purchase St

EVENT HOLDER Hospital for Special Surgery PHONE () 212.606.1000 / 845.337.0869

ADDRESS: 535 East 70th New York, NY

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AFFIDAVIT

Julie Bengis being duly sworn,
(Owner, Lessee, or Agent)
deposes and says that: Manhattanville College 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 5th day of April 2023 by Theresa Giacomo
Notary Public, State of New York
No. 02GI4781173
Qualified in Westchester County
My Commission Expires 8/31/25

Julie Bengis
(Signature of Applicant)
[Signature]
(Notary Public)

FOR OFFICE USE ONLY:

- ☐ TOWN BOARD APPROVAL
☐ HARRISON POLICE DEPARTMENT APPROVAL



**TOWN OF HARRISON
VILLAGE OF HARRISON**

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

Telephone: (914) 835-2000



Special Event Indemnification, Release and Discharge Agreement

Blke HSS/Hospital for Special Surgery (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: Julie Bengis
Authorized Signature
Title: Director, Event Production, Lifetime Sports
on behalf of BLKE HSS
Organization: Hospital for Special Surgery

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss:

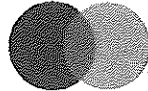
On the 5th day of April, in the year 2023 before me, the undersigned, personally appeared Julie Bengis, personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the 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.

M. Theresa Giacomo
Notary Public

M. THERESA GIACOMO
Notary Public, State of New York
No. 02614781173
Qualified in Westchester County
My Commission Expires 8/31/25

BIKE HSS

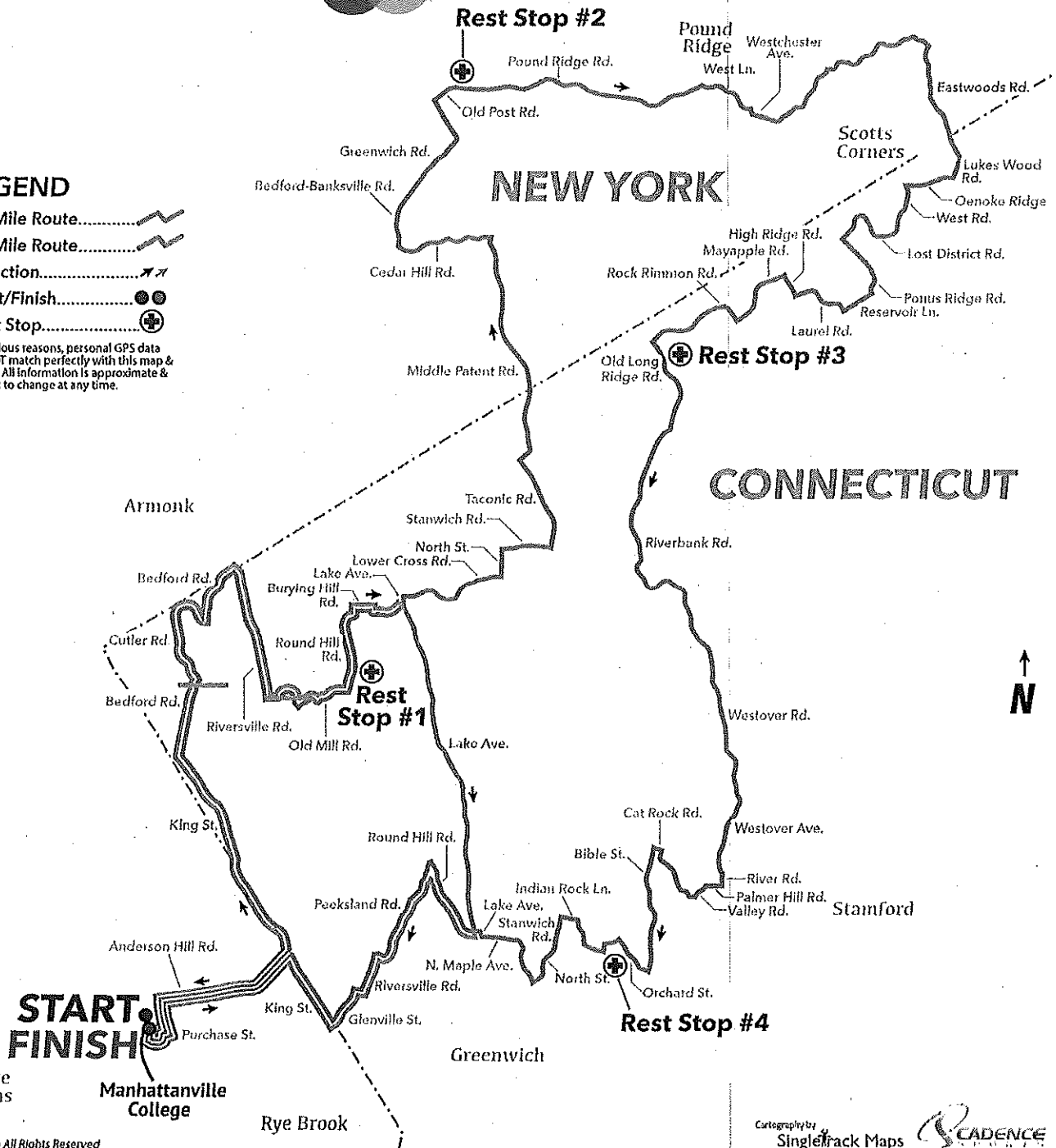
In partnership with



LEGEND

- 62 Mile Route.....
- 25 Mile Route.....
- Direction.....
- Start/Finish.....
- Rest Stop.....

For various reasons, personal GPS data will NOT match perfectly with this map & profile. All information is approximate & subject to change at any time.



White Plains

Manhattanville College

Rye Brook

Greenwich

Stamford

Cartography by
SingleTrack Maps

CADENCE