

## **Permit Actions Town of Harrison**

Permit Number: 24-42980

Description: ANNUAL BIKE RUN SEPTEMBER 14, 2024

E-H

Block/Lot: **0631.-5**Applied: **3/28/2024** 

Status: PENDING

Parent Permit: Parent Project: Approved:

Finaled:

Owner: MANHATTANVILLE COLLEGE

Site Address: 2900 PURCHASE ST

City, State Zip Code: PURCHASE, NY 10577

Contractor: HOSPITAL FOR SPECIAL SURGERY

Details:

Issued:

		LIST.	OF ACTIONS	
D	ATE OPENED	DATE COMPLETED	TYPE	STAFF
	3/28/2024		REFERRED TO TOWN BOARD FOR APPROVAL	SUZANNE FULLER
Notes:	기 기계 및 10 기계			
PLEASE SE	E THE ATTACHED APPLICA	ATION FOR A SPECIAL EVENT PERMIT	, FURTHER REQUEST THAT THE \$500 FEE I	S WAIVED.
PLEASE SE	E THE ATTACHED APPLICA 3/28/2024	ATION FOR A SPECIAL EVENT PERMIT	, FURTHER REQUEST THAT THE \$500 FEE I	S WAIVED. SUZANNE FULLER

## 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 2024 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 14, 2024 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 2024 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



#### PUBLIC SAFETY SERVICES CONTRACT

This Agreement is made as of, 2024, through December 31st, 2024 by and
betweenBike HSS ("Private Entity"), and the Town of Harrison the ("Town")
having an address at 1 Heineman Place, Harrison, New York 10528.
WITNESSETH:
WHEREAS, the Private Entity wishes to contract with the Town for Police Services for th
benefit of the public at large in connection with (check one):
Road Opening
X Event
WHEREAS, the Town agrees to provide special duty police assignment and direct and
supervise the police assignment for the Private Entity and such services shall be for the benefit of
the public at large.
NOW, THEREFORE, in consideration of the premises, the mutual promises set forth, and
other good and valuable consideration, the parties hereto agree as follows:
1. Scope of Services. The Town will provide police personnel for the protection and benefit of
the public in connection with the Private Entity's event or Road Opening, at a minimum of four
(4) hours per event. Notice of cancellation must be given at least twenty-four (24) hours in
advance to avoid being charged for the entirety of the originally scheduled event.
2. Fees. All fees shall be paid within thirty (30) days of the date services are rendered, at rates
set annually by resolution by the Town Board.

5. myording instruction	3.	Invoicing	Instructions	١.
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Bill to: _	Hospital for Special Surgery	
Address:	535 East 70th Street, New York, NY	10021
Telephon	e: 214.632.0119	
E-mail:	gary@cadencesports.com	

#### 4. Miscellaneous.

#### 5. Interpretation and Construction.

- (i) The captions set forth in this Agreement are for convenience only and shall not be considered as a part of this Agreement or in any way limiting or amplifying its terms or provisions.
- (ii) This Agreement shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to the choice of law provisions thereof.
- (iii) Each section, subsection and lesser section of this Agreement constitutes a separate and distinct undertaking, covenant, and/or provision. In the event that any provision of this Agreement is determined to be unlawful, such provision shall be deemed to be severed from this Agreement, but every other provision of this Agreement shall remain in full force and effect.
- (iv) This Agreement shall be only interpreted to constitute an independent consultant relationship. It shall not in any form, shape or manner be interpreted to constitute an employment relationship.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed and delivered as of the date first above written.

TOWN OF HARRISON	PRIVATE ENTITY
Ву:	By: Bike HSS
	Name: Gary Metcalf
	Title: Director

#### **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 Co	ode of the State of New York.			*:
PROPERTY LOCATION 2900 Pure	hase Street			
BLOCK LOT_				
OWNER: Manhattanville College		PHONE (	)(	14,694.2200
ADDRESS: 2900 Purchase Street		ug.		ALL AND ALL AN
EVENT HOLDER Hospital for Special Su	ngery	PHONE (	)²	12.606.1000
ADDRESS: 535 East 70th St., New York, NY	10021		Anne	
DATE(S) OF EVENT: Saturday, Set	ptember 14, 2024			
DESCRIPTION OF EVENT: Mail	-Distance cause cycling event benefiting the Hospi	tal for Special Surgery.		
PLEASE SUBMIT THE FOLLOW				
PLEASE NOTE: THAT AN ELECTION IN THE PREVENTION ALL APPLICANTS MUST CONTENENCE.	C. THE INSTALLATION OF A	MI IEMIS MO	31 00	
	AFFIDAVIT		A.	
Gary Metcall				being duly swom,
(Owner, Lessee, or Agent) deposes and says that.  Menhattu premises to which this applicatio application; and that the stateme	enville College on applies; that he/she (the app ents contained herein are true	olicant) is duly at to the best of his	thoriz(	is the owner in fee of the ed to make this nowledge and belief.
Sworn to before me this <u>21</u> day of <u>WMrtM</u> 20 <u>24</u> .	ANABEL RIV Notary ID #132 My Commission March 17, 2	979847 Expires	$\int_{0}^{\infty}$	lature of Applicant) Notary Public)
FOR OFFICE USE ONLY:				
[ ] TOWN BOARD APPROVAL [ ] HARRISON POLICE DEPAR	RTMENT APPROVAL			



### TOWN OF HARRISON VILLAGE OF HARRISON

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



Telephone: (914) 835-2000

#### Special Event Indemnification, Release and Discharge Agreement

Bike HSS/Hospital for Special Surgery	, (hereinafter "Indemnitor") agrees to protect, of	lefend, indemnify and hold
against any and all losses, penalties,	of Harrison, their officers, agents and employees of damages, settlements, costs, charges, professional arising out of or relating to any and all claims, I	fees, or other expenses or
	tion of every kind of character in connection v	
indirectly, out of the Indemnitor or ar	ry participant at any event held or sponsored by	the Indemnitor's use of the
Town of Harrison's right-of-ways, re	oads, sidewalks, property, or facilities of any k	ind. Without limiting the
generality of the foregoing, all such c	laims, etc., relating to personal injury, death, dan	ange to property, defects in
	ged infringement on any other tangible of intar of any applicable statute, ordinance, administrati	
or decree of any court shall be included		ve order, fulle of fegulation,
Of GOLD OF ANY COMESMED OF MORGON	an the machinity northinger.	·
The Indemnitor, further agree	es to investigate, handle, respond to, provide defer	ase for and defend any such
claims, etc., at its sole expense and agr	ees to bear all other costs and expenses related the any case in which such indemnification would vi	cleto, even it it (ciamis, etc.)
	or any other applicable legal prohibition, the fore	
	to indemnify the owner for damage arising out o	
damage to property caused by or result	ing from the sole negligence of the owner or its e	mployees.
In annidantian of the Town	permitting the Special Event, I, for myself, my	organization mu evecutors
	essors and assignees, do hereby release and discl	
	ers, employees, agents and successors and assign	
	whatsoever, in any manner arising growing out	
event.	XX 1/1	_
	Ву:	_
	Authorized Signature	
	Title: Organizer	
T, VAC	Organization: Bike HSS	
Taxas State of <del>New York</del> )	748mmwii.	<b>-</b>
COUNTY OF WESTCHESTER) ss:		

On the <u>27</u> day of <u>March</u>, in the year 20<u>24</u> before me, the undersigned, personally appeared <u>6 arm March</u> theresonally 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.

Notary Pu

ANABEL RIVAS
Natary ID #132979847
My Commission Expires
March 17, 2025

