

## **SMITH FIELD AIRPORT EVENT CONSIDERATIONS & REQUIREMENTS**

1. Identification of the event sponsor or sponsors.
2. A list of the event planning committee members and the committee chairperson.
3. Identification of any professional event organization which may be assisting the event sponsor.
4. The proposed airport location to be used as the public area(s), including a comprehensive crowd control program for the area(s).
5. The proposed event staging area and aircraft parking location plan.
6. Proposed public auto parking layout and access plan and any remote parking locations to be used including provisions for parking shuttle services.
7. Provide a certificate of insurance for public liability/special event coverage in amounts required by the airport's current insurance underwriter. This certificate must name the Fort Wayne-Allen County Airport Authority as an additional insured.
8. Provide a signed Insurance and Hold Harmless statement to the Fort Wayne-Allen County Airport Authority. (SEE TEMPLATE)
9. Provide a letter to each supporting fire, EMS, and police agency indicating the degree of their involvement. (SEE TEMPLATE)
10. Indicate a description and plan layout for sanitation and portable water facilities. This should also include adequate trash containers and their numbers and location.
11. Outline the cleanup and grounds litter control program to be used and whose responsibility it will be to provide personnel for this function.
12. Provide a list of events and participants.
13. Outline the event promotional program to be used to inform the public of the event.
14. Provide details of the proposed event communications and control point to be established including location, sponsoring agency or agencies, and personnel staffing.
15. The event sponsor must comply with all FAA, state and local regulations. Failure to do so shall be reason for immediate cancellation of this event. The sponsor will be responsible for securing the necessary FAA waivers for all flight demonstrations. The event sponsor will be responsible for paying all fines and penalties that may result from conducting the event.
16. Any "sterile" areas required for aerial demonstrations by the FAA must be cleared (sterilized) by the event sponsor and be maintained clear of human habitation throughout the demonstration. This includes any required road closures.

Insert Logo and Letterhead

Insert Date

Fort Wayne Fire Department (FWFD)  
Tim Davie, Fire Department Chief  
307 East Murray Street  
Fort Wayne, IN 46803

Dear Chief Davie,

Insert Name of Event Sponsor has scheduled the following event at Smith Field Airport, 426 West Ludwig Road, Fort Wayne, IN 46825-4002:

Insert Day – Date – Title of event

The Fort Wayne-Allen County Airport Authority has required that we contact your agency prior to any special event.

Insert brief description of Sponsor and Event to include activities to be conducted

Insert contact information for the primary event coordinator in case of emergency or need for further clarification

Respectfully,

Insert signature of person authorized to execute agreement  
Insert printed name and title of signature person

Date:Insert Date

CC: Tim O'Donnell, Smith Field Airport Supervisor, Fort Wayne-Allen County Airport Authority

Insert Logo and Letterhead

Insert Date

Fort Wayne Police Department (FWPD)  
Rusty York, Chief of Police  
1320 East Creighton Avenue  
Fort Wayne, IN 46803-3502

Dear Chief York,

Insert Name of Event Sponsor has scheduled the following event at Smith Field Airport, 426 West Ludwig Road, Fort Wayne, IN 46825-4002:

Insert Day – Date – Title of event

The Fort Wayne-Allen County Airport Authority has required that we contact your agency prior to any special event.

Insert brief description of Sponsor and Event to include activities to be conducted

Insert contact information for the primary event coordinator in case of emergency or need for further clarification

Respectfully,

Insert signature of person authorized to execute agreement  
Insert printed name and title of signature person

Date:Insert Date

CC: Tim O'Donnell, Smith Field Airport Supervisor, Fort Wayne-Allen County Airport Authority

Insert Logo and Letterhead

Insert Date

Three Rivers Ambulance Authority  
Gary Booher, Executive Director  
525 Hayden Street  
PO Box 11724  
Fort Wayne, IN 46860-1724

Dear Mr. Booher,

Insert Name of Event Sponsor has scheduled the following event at Smith Field Airport, 426 West Ludwig Road, Fort Wayne, IN 46825-4002:

Insert Day – Date – Title of event

The Fort Wayne-Allen County Airport Authority has required that we contact your agency prior to any special event.

Insert brief description of Sponsor and Event to include activities to be conducted

Insert contact information for the primary event coordinator in case of emergency or need for further clarification

Respectfully,

Insert signature of person authorized to execute agreement  
Insert printed name and title of signature person

Date:Insert Date

CC: Tim O'Donnell, Smith Field Airport Supervisor, Fort Wayne-Allen County Airport Authority

Insert Logo and Letterhead

Insert Date

**INSURANCE AND HOLD HARMLESS INDEMNIFICATION**

**THIS INSURANCE AND HOLD HARMLESS INDEMNIFICATION** is executed as of the date set forth below by **Insert Name of Event Sponsor**, a/an Insert legal identity of sponsor (Indiana nonprofit corporation, Indiana for profit partnership, etc) in favor of the **Fort Wayne-Allen County Airport Authority**, (hereinafter the “Authority”); and

**WHEREAS**, Insert Name of Event Sponsor has requested the Authority to allow Insert Name of Event Sponsor to conduct an event entitled “Insert Title of Event” at Smith Field Airport (KSMD) to be held on Insert Day and Date; and

**WHEREAS**, the Authority has agreed to allow Insert Name of Event Sponsor to conduct the “Insert Title of Event” Event at Smith Field Airport, in consideration of executing this Insurance and Hold Harmless and Indemnification in favor of the Authority.

**NOW, THEREFORE,**

Insert Name of Event Sponsor agrees to provide a certificate of insurance in form and content acceptable to the Authority. The coverage reflected on the certificate shall cover the exposures pertinent to the “Insert Title of Event” Event. Additionally, Insert Name of Event Sponsor attests that the insured activity is usual and incidental to its operations.

Insert Name of Event Sponsor does hereby indemnify the Authority, its directors, officers, agents, employees, and each of them, jointly and severally, against any claims, actions, damages, liability, and expenses, in connection with any loss of life, personal injury, or damage to property arising from or out of any occurrence in connection with the “Insert Title of Event” Event or the occupancy or use by Insert Name of Event Sponsor of Smith Field Airport or any part thereof, or occasioned wholly or in part by any act or omission of Insert Name of Event Sponsor, it’s agents contractors, employees, servants, invitees, licensees, or guests.

**IN WITNESS WHEREOF**, Insert Name of Event Sponsor has caused this Insurance and Hold Harmless Indemnification to be executed as of the date set forth below.

Insert Name of Event Sponsor

Insert signature of person authorized to execute agreement  
Insert printed name and title of signature person

Date:Insert Date