

# CITY OF MANSFIELD | Event Questionnaire

Event: **2023 Mansfield Run With**

Date(s): **11/4/2023**

*Please submit this and all other required forms at least 60 Days before your event date.*

## Public or Private Event

Will your event be open to the public?

YES If yes, the following is required:

☒ General Liability Insurance Certificate

## Parade, Block Party, City Streets, Parking Lots

Do you plan to close, block, or use a City street, trail, or sidewalk?

Do you plan to close a street that will impact residents & businesses?

Do you plan to use a private parking lot or other private property?

YES If yes, the following is required:

☐ Street Closure & Notification Form

☒ Street Closure & Notification Form

☐ Letter with Written Permission

## Attendance, Tents, and Stage

Do you anticipate 1,000+ event attendees or street/sidewalk spectators?

Do you plan to use a tent larger than 400 sq. ft. or a canopy in excess of 700 sq. ft.?

YES If yes, the following is required:

☐ Fire Operational Permit

☐ Fire Operational Permit

## Food, Drinks, or Merchandise Vendor Booths

Will your vendor(s) serve or sell food, drinks, and/or merchandise?

Will you serve or sell food, drinks, and/or merchandise?

Will you have food truck(s) that will serve or sell food or drinks?

YES If yes, the following is required:

☐ Vendor List

☐ Park Vendor and Temp. Food Permit

☐ Vendor List

## Sanitation, Water, Waste Water, and Recycling

Will you need a dumpster and/or ClearStream® container for your event?

Will you or vendors need to dispose of water per Regulatory Compliance?

Will you need assistance developing a Trash and Recycling Plan for your event?

YES If yes, the following is required:

☐ Solid Waste Service Request

☐ Temporary Food Permit

☐ Solid Waste Service Request

## Amplified Sound at Outdoor Festivals and/or Event

Will you have amplified sound over 70 dba

Will you have amplified sound Monday-Saturday, after 10 p.m.

Will you have amplified sound anytime on a Sunday

Will you have amplified sound over 65 dba on a Sunday

YES If yes, the following is required:

☐ A Letter of Request for an exception to the noise ordinance is required and must be submitted 90 days in advance of the event for City Council's consideration.

## Alcohol on City-Owned Property

Do you or a vendor plan to serve or sell alcohol in a parking lot or in the street?

Do you or a vendor plan to serve or sell alcohol on City-owned property?

Do you or a vendor plan to serve or sell alcohol in a park?

Do you plan to apply for a temporary TABC permit for your event?

Do you plan to partner with a vendor who is licensed/permitted by TABC?

YES If yes, the following is required:

☐ TABC License and Health Permit  
☐ City Council's Approval, TABC Permit, Public Safety Request  
☐ Park Board and City Council's Approval, TABC Permit, Police, Lease  
☐ Liquor Liability Insurance is required by the TABC permit holder that is serving or selling the alcohol.

## Requests for Services by City Departments

Will you be placing portable restrooms on City property?

Will you need to request an in-kind City service in the form of co-sponsorship?

YES If yes, the following is required:

☐ Parks Service Request and Approval  
☐ City Council Letter of Request

None of the above apply to my request for a Special Event Permit

☐ None of the above apply

# CITY OF MANSFIELD | Special Event Permit Application

## Applicant Information:

Applicant Name: **Demery Cox**

Mobile Number: **682-552-9555**

Street Address: **601 Winterwood Dr.**

City, State, Zip: **Kennedale, TX 76060**

Email Address: **coxracingservices@gmail.com**

HOT Funds or Cash Sponsor Recipient? ☐ Yes ☒ No

Applicant is, check all that apply: ☒ Event Organizer ☒ On-site Emergency Contact ☒ Organization Representative

## Organization Information: ☐ Same as Applicant

Organization: **Mansfield Methodist Medical Center**

Mobile Number: **214-724-7807**

Street Address: **2700 E. Broad Street, Mansfield, TX 76063**

City, State, Zip: **Mansfield, TX 76063**

Email Address: **angelbiasaitti@mhd.com**

Current HOT Funds Recipient? ☐ Yes ☒ No

Type of Organization, check all that apply: ☒ Nonprofit ☐ City Board/Committee ☐ School ☐ Business ☐ Volunteer ☐ Individual ☐ Other

## Event Information:

Event Name: **2023 Mansfield Run With Heart**

Event Date(s): **11/4/2023**

Event Location: **2700 E. Broad St., Mansfield, TX 76063**

Total Event Attendance: **500**

On Site Contact: **Demery Cox**

Mobile Number: **682-552-9555**

## Select all that apply:

- Applicant Booth: ☐ Food/Drink (distribute or sell) ☐ Alcohol (distribute or sell) ☒ Merchandise (distribute or sell)
- Vendor Booths: ☐ Food/Drink (distribute or sell) ☐ Alcohol (distribute or sell) ☒ Merchandise (distribute or sell)
- Amplified Sound ☐ Live Music ☒ DJ Music ☐ Stage ☒ Speech and/or Announcements
- Activities: ☒ Run/Bike Race ☐ Parade ☐ Games/Crafts/Arts ☐ Inflatable(s) ☐ Carnival/Fair
- Service Needs: ☒ Police Security ☐ Fire/EMS ☒ Street Closure(s) ☐ Parks ☐ Solid Waste
- Admission: ☐ Free Open to the Public Event ☒ Fundraising Event ☒ Ticketed ☐ Private Event

Please provide a brief description of your event: **This event is designed to be conducted at Mansfield Methodist Medical Center and the proceeds from this event**

	Day of the Week	Date and Year	Set-up Time	Start Time	End Time	Take-Down Time Frame	Daily Attendance
DAY 1	<b>Saturday</b>	<b>11/04/23</b>	<b>5:00am</b>	<b>7:30am</b>	<b>11:00am</b>	<b>11:30am</b>	<b>500</b>
DAY 2							
DAY 3							
DAY 4							
DAY 5							

Additional Details, as Needed:

## Communications and Crowd Management

**Event Coordinator and/or Volunteer:** Angel Biasatti

Mobile Number: **214-724-7807**

**Method of Crowd Communication:**

i.e. PA system, megaphone, etc.

**PA System**

Number of

Event Staff:

**50**

**Method of Event Staff Communication:**

i.e. hand-held radios, mobile phone, etc.

**Mobile Phone**

Number of

Volunteers:

**150**

**Method of Event Staff Identification:**

i.e. uniforms, event shirts, badges, etc.

**Volunteer Shirts**

Number of

Vendors:

**10**

**Attendance to Event Staff Ratio:**

i.e. one staff for every 250 attendees

**1 for ever 50 attendees**

Total Guest

Attendance:

**500**

**Crowd Control Measures to be Used:**

**Mansfield PD will have a command post on site.**

**Booth and Mobile Truck Vendors:** A list of ALL vendors and their location on the Site Map is required and due at the time of the permit application. Vendors on the list, must match the Site Map and the receipts of Park Vendor Permits obtained prior to the event or thereafter.

## Event Security Management

**Event Coordinator and/or Volunteer:** Angel Biasatti

Mobile Number: **214-724-7807**

**Public Security Service Provider:**

i.e. City of Mansfield PD, Tarrant County, etc.

**Mansfield Police**

Mobile Number:

**817-276-4788**

**Private Security Service Provider:**

i.e. if you plan to use security guards

**Hospital Police**

Mobile Number:

**682-242-6400**

## Fire Prevention & Emergency Medical Management

**Event Coordinator and/or Volunteer:** Karen Yates

Mobile Number: **214-724-7807**

Confirm the following are identified on the Site Map or Public Safety Map for larger events

☒ First-aid station(s) ☐ Fire Lanes ☐ Fire Extinguishers ☐ EMS entry-exit access points

☐ Public entry-exit access points & parking ☐ AED Station

## Emergency Command Post | Missing Person, Weather Emergency, etc.

In the event of extreme weather or other emergencies, the City of Mansfield will refer to the Command Post and the individual listed below as the point person for emergency updates, announcements, cancellations, and/or other event emergency communications.

**City of Mansfield Police and Fire Department will have final approval of your public safety plan.**



# CITY OF MANSFIELD | Street Closure Request

Applicant Name: **Demery Cox**

Event Name: **2023 Mansfield Run With Heart**

Date of Street Closure Request: **11/4/2023**

Purpose of Request: **Run/Walk (Start & Finish Area)**

Type of Request: ☐ Parade ☐ Block Party ☐ March ☒ Run/Walk ☐ Bike ☐ Street Festival ☐ Parking Lot Party ☐ Other

## Rolling Street Closure Request | Parade, March, Fun Run or Similar; complete all that apply

Assemble Time: **6:00am**

Assemble Location: **Hostpital Drive (Behind Hostpital)**

Start Time: **7:00am**

Disassemble Location: **Hostpital Drive (Behind Hostpital)**

End Time: **11:00am**

Length or Distance of Parade, Fun Run, or Other: **Half Marathon**

Estimated Number of Entries: **400** Participants

Vehicles

Bikes

**100** Spectators

Animals

## Full Street or Parking Lot Closure Request | Complete all that apply

Start Closure Time:

Street(s) Closure Location:

End Closure Time:

Parking Lot Location:

Street Closure and Notification Form is required

## ACKNOWLEDGMENT | Check that you have read and understand each requirement:

- ☒ I ACKNOWLEDGE that a map of the route is required; hand drawn maps are not accepted.
- ☒ I ACKNOWLEDGE that a Traffic Control Plan is required for street closure requests, unless told otherwise.
- ☒ I ACKNOWLEDGE that use of a private parking lot will require Written Right of Possession from the property owner.
- ☒ I ACKNOWLEDGE that the Street Closure Form and Street Closure Notification Form may be required
- ☒ I ACKNOWLEDGE that if the closure requires a detour plan, then the TCP must show the detour route and all traffic control devices
- ☒ I ACKNOWLEDGE that all traffic control will be designed and maintained by a professional barricade company
- ☒ I ACKNOWLEDGE that all streets closure requests and approvals will need to be approved by David Boski prior to the approval of the Special Event permit.

Applicant Signature **Demery Cox**

Digitally signed by Demery Cox  
Date: 2023.07.14 14:15:24 -05'00'

Date **7/14/2023**

# CITY OF MANSFIELD | Street Closure Form

Applicant Name: **Demery Cox**

Event Name: **2023 Mansfield Run With Heart**

Date of Street  
Closure Request: **11/4/2023**

Purpose  
of Request: **Run/Walk (Start & Finish Area)**

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**Type of Closure:** ☐ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **N/A**

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:** ☐ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **N/A**

Cross Street | From:

Start Time:

Cross Street | To:

End Time:

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**Type of Closure:** ☒ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **Hospital Dr.**

Cross Street | From: **Matlock Rd.**

Start Time: **7:30am**

Cross Street | To: **Miller Rd.**

End Time: **11:00am**

---

**Type of Closure:** ☐ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **S. Cannon Dr.(Spoke Sgt. Graves, this street will not be closed) runners will stay on right)**

Cross Street | From: **Scenic Glen Dr.**

Start Time: **7:30am**

Cross Street | To: **Dove Valley Ln.**

End Time: **10:30am**

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**Type of Closure:** ☒ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **Regency Parkway**

Cross Street | From: **Heritage Parkway**

Start Time: **8:00am**

Cross Street | To: **130 Regency Parkway**

End Time: **9:00am**

# CITY OF MANSFIELD | Additional Street Closure Form

Applicant Name: **Demery Cox**

Event Name: **2023 Mansfield Run With Heart**

Date of Street  
Closure Request: **11/4/2023**

Purpose  
of Request: **Run/Walk (Start & Finish Area)**

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**Type of Closure:** ☒ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **Scenic Glen Dr. (Spoke Sgt. Graves, this street will not be closed) runners will stay on right)**

Cross Street | From: **Miller Rd.**

Start Time: **7:30am**

Cross Street | To: **S. Cannon Dr.**

End Time: **10:00 am**

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**Type of Closure:** ☐ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **Dove Valley Ln. (Spoke Sgt. Graves, this street will not be closed) runners will stay on right)**

Cross Street | From: **Miller Rd.**

Start Time: **7:30am**

Cross Street | To: **S. Cannon Dr.**

End Time: **10:00am**

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**Type of Closure:** ☒ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **Miller Rd. (partial or lone lane closed)**

Cross Street | From: **Hospital Dr.**

Start Time: **7:30am**

Cross Street | To: **Heritage Parkway**

End Time: **10:30am**

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**Type of Closure:** ☒ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **Heritage Parkway**

Cross Street | From: **Miller Rd.**

Start Time: **7:45am**

Cross Street | To: **S. Wisteria St.**

End Time: **10:45am**

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**Type of Closure:** ☐ Lane Closure ☐ Street Closure ☐ Sidewalk Closure ☐ Street Crossing (intersection) ☐ Block/Cul-de-Sac

Street/Intersection: **S. Wisteria St. (Spoke Sgt. Graves, this street will not be closed) runners will stay on right)**

Cross Street | From: **Heritage Parkway**

Start Time: **8:00am**

Cross Street | To: **Fort Worth St.**

End Time: **11:00am**

# CITY OF MANSFIELD | Street Closure Notification Form

Applicant Name: **Demery Cox**

Event Name: **2023 Mansfield Run With Heart**

Date of Street Closure Request: **11/4/2023**

Purpose of Request: **Run/Walk (Start & Finish Area)**

First and Last Name	Street Address	Signature	Circle One	Absent
			Favor   Oppose	
			Favor   Oppose	
			Favor   Oppose	
			Favor   Oppose	
			Favor   Oppose	
			Favor   Oppose	
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			Favor   Oppose	
			Favor   Oppose	
			Favor   Oppose	

All property owners, business owners, and /or tenants impacted by the Street Closure Request MUST be contacted and informed of the proposed closure and indicate their favor or opposition. If additional sheets are needed, please photocopy this form.

A Traffic Control Plan must also be presented at the time of notification. The event organize business card, flier, or other notification of visit must be provided and left if the resident business owners or tenant is absent.



# CITY OF MANSFIELD | Fire Operational Permit Application



Applicant Name: **Demery Cox** Mobile Number: **682-552-9555**  
Street Address: **601 Winterwood Dr.** City, State, Zip: **Kennedale, TX 76060**  
Email Address: **coxracingservices@gmail.com** Event Date: **11/4/2023**  
Event Name: **2023 Mansfield Run With Heart** Estimated Daily Attendance:  
Event Location: **2700 E. Broad St., Mansfield, TX 76063**

## Select the Permit(s) Required for this Event:

### Carnival, Fair, and Festival Permit

Submittal Requirements, check to confirm acknowledgment:

- ☐ Public Safety Plan and Site Plan
- ☐ Insurance Certificates for Rides

### Tents of Temporary Membrane Structure

Submittal Requirements, check to confirm acknowledgment:

- ☐ Copy of the flame spread and fire-proofing certificate
- ☐ Site Plan showing the location of the tent in relation to lot lines, parked vehicles, and structures.
- ☐ Floor plan of the tent showing locations of fire extinguishers, exit signs, and "no smoking" sign



### Outdoor Assembly Event

Submittal Requirements, check to confirm acknowledgment

- ☐ Submit a public safety plan, and a site plan showing locations of booths, stages, and structures, first aid stations, information and ticket booths, boundaries of event, fire extinguishers, weather shelters, fire/EMS access roads, assembly areas, approximate occupant amounts, and parking



### Exhibits and Trade Shows

Submittal Requirements, check to confirm acknowledgment

- ☐ Submit a Public Safety Plan and Site Map that shows location of booths, stages, and structures; first aid stations, information and ticket booths, fire extinguishers, marked exits, and parking

Permit Inspection Request (date & time):

Permit Inspection Location Request:

An operational permit shall remain in effect until reissued, renewed, or revoked, or for such a period of time as specified in the permit. Permits are not transferable and any change in occupancy, operation, tenancy, or ownership shall require that a new permit be issued. Issued permits shall be kept on the premises designated therein at all times and shall be readily available for inspection. Once approved a permit cannot be altered or it will be revoked.

*Fireworks and/or pyrotechnics are not allowed at any event (2018 IFC, 5601.1.3 The possession, manufacture, storage, sale, handling, and use of fireworks are prohibited.*

By signing, I acknowledge and understand the requirements listed above.

Applicant Signature: **Demery Cox**

Digitally signed by Demery Cox  
Date: 2023.07.14 14:16:11 -05'00'

Date: **7/14/23**



# CITY OF MANSFIELD | Public Safety Service Request



Applicant Name: **Demery Cox** Mobile Number: **682-552-9555**  
 Street Address: **601 Winterwood Dr.** City, State, Zip: **Kennedale, TX 76060**  
 Email Address: **coxracingservices@gmail.com** Event Date: **11/4/2023**  
 Event Name: **2023 Mansfield Run With Heart** Estimated Daily Attendance:  
 Event Location: **2700 E. Broad St., Mansfield, TX 76063**

## Select the Service Request(s) for this Event:



### Police Officer Event Security

The rate of pay for officers during this type of event will be the current City of Mansfield budgeted regular and/or overtime rates for those officers assigned to work the event.

### Emergency Medical Services (EMS) | 2-hour Minimum per EMS Personnel

The rate of pay for Emergency Ambulance Standby, paramedics, patient transport, and other applicable fees are set forth in Ordinance 2254-22.

### Examples of objective standards used to determine the number personnel:

- Event alcohol consumption
- Time, date, and length of event
- Impact of adj. residential/commercial areas
- Traffic Control Plan requirement
- Estimated number of attendees
- Vehicular/pedestrian traffic condition

THIS SECTION WILL BE COMPLETED BY CITY STAFF BASED ON THE SELECTION ABOVE AND EVENT LOGISTICS.

Fire and Rescue	# of Personnel	Total Hours	Total Cost	Staff Initial
Total Ambulance Standby @ \$125 per hour	Length of Request and/or Event	=		
Total Paramedics on Standby @ \$50 per hour	Length of Request and/or Event	=		
Total Incident Command Officer @ \$75 per hour	Length of Request and/or Event	=		

Total Due to the Fire Department:

# CITY OF MANSFIELD | Temporary Food Permit Application



Applicant Name: <b>Demery Cox</b>	PERMIT # _____
Vendor Name: _____	Permit Type: <input type="radio"/> Tent <input type="radio"/> Mobile Unit
Event Name: <b>2023 Mansfield Run With Heart</b>	Sales Tax ID#: _____
Event Location: <b>2700 E. Broad St., Mansfield, TX 76063</b>	Inspection: _____
Phone Number: <b>682-552-9555</b>	Event Date(s): <b>11/4/2023</b>
Street Address: <b>601 Winterwood Dr.</b>	Email Address: <b>coxracingservices@gmail.com</b>
DL State & No. _____	City, State, Zip: <b>Kennedale, TX 76060</b>
	Are You Non-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Provide Tax Exempt # _____

## List pre-prepared foods to be Served On-site:

There will not be and food handed out. Only bottles of water will be handed out at Race Site.

## List foods that will be prepared on-site and the equipment to be used to maintain proper temperature control:

	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____
	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____
	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____
	Cooking Equipment: <input type="radio"/> Electrical <input type="radio"/> Charcoal <input type="radio"/> Propane <input type="radio"/> Gas Grill Hot or Cold Holding Equipment: <input type="radio"/> Electrical <input type="radio"/> Mechanical Type of Equip. Using: _____

## ACKNOWLEDGMENT | Check that you have read and understand each requirement:

- ☒ I ACKNOWLEDGE that health permits are approved and issued prior to the event
- ☒ I ACKNOWLEDGE that preparation or storage of food in the home is not permitted unless you are a cottage manufacturer.
- ☒ I ACKNOWLEDGE that food items served without Regulatory Compliance approval may result in permit suspension.
- ☒ I ACKNOWLEDGE that Temporary Food Service Booth Requirements must be in place prior to selling or preparing food. i.e. overhead protection, hand sink and warewashing set up.
- ☒ I ACKNOWLEDGE that the \$60 nonrefundable, Temporary Food Permit Application Fee is due with this application.
- ☒ I ACKNOWLEDGE that the food booth requirements and understand that failure to comply with City of Mansfield ordinances may result in citations for violations and/or closure of the booth until violations are corrected.

By signing, I acknowledge that I understand the Temporary Food Service Requirements.

Applicant Signature: **Demery Cox**

Digitally signed by Demery Cox  
Date: 2023.07.14 14:15:44 -05'00'

Date: 7/14/2023



## 2023 MANSFIELD RWH HALF MARATHON ROUTE

**13.15 mi**

Distance

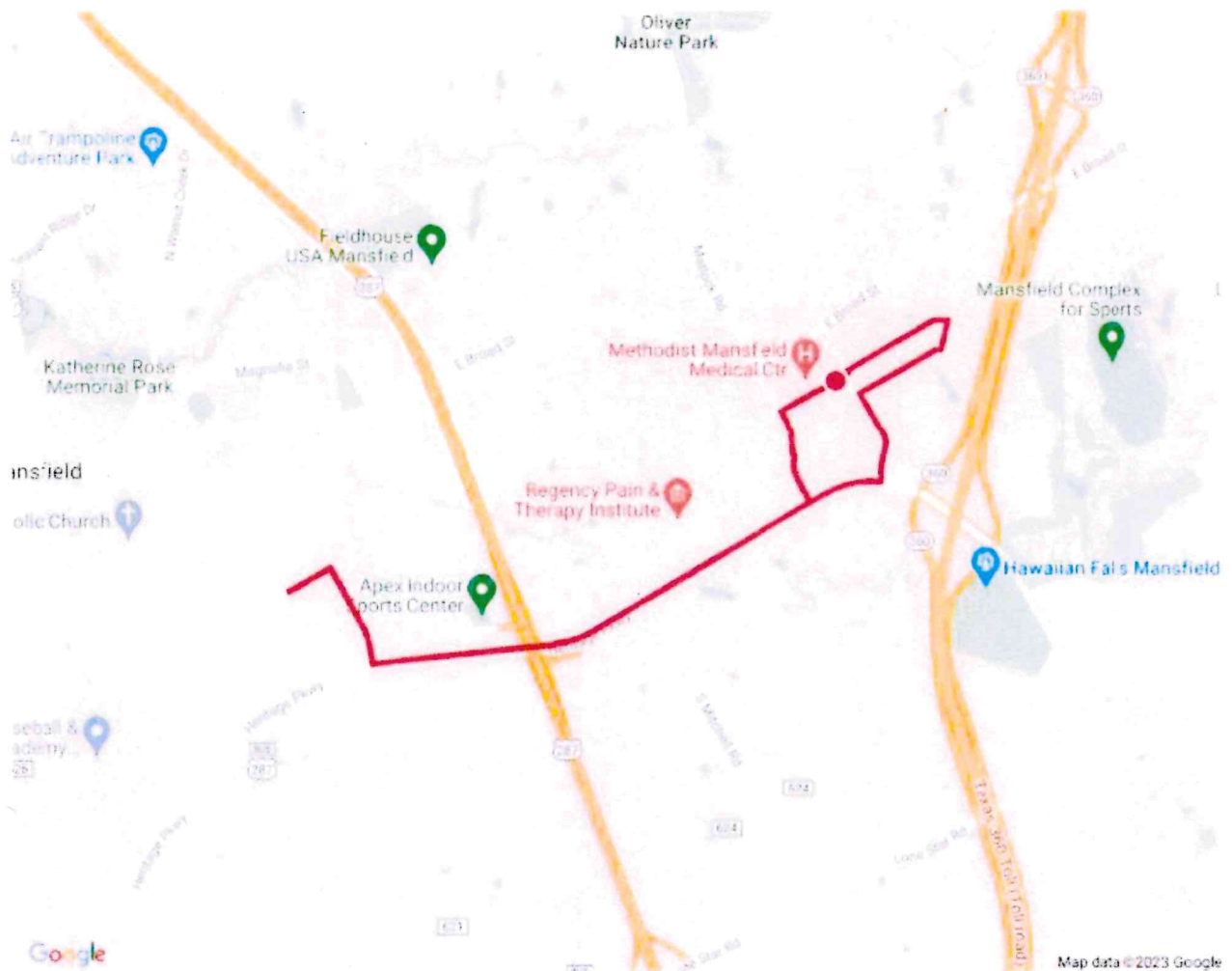
**258 ft**

Elevation Gain

**Run**

Activity Type

### Notes



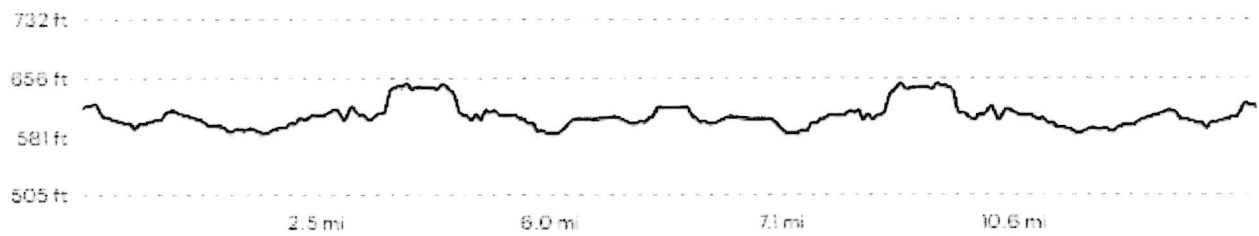


## Elevation

Start  
**620 ft**

Max  
**650 ft**

Gain  
**258 ft**



DISTANCE (MI)	DIRECTION
0.00	Head northeast on Hospital Dr toward Miller Rd
0.05	Turn left onto Miller Rd
0.06	Turn right onto Scenic Glen Dr
0.31	Head northeast on Scenic Glen Dr toward S Cannon Dr
0.47	Scenic Glen Dr turns right and becomes S Cannon Dr
0.58	Head west on Dove Valley Ln toward Glen Meadow Tr
0.91	Turn left onto Miller RdDestination will be on the left
1.18	Head south on Miller Rd toward Heritage Pkwy
1.25	Turn right onto Heritage PkwyDestination will be on the right
1.92	Head southwest on Heritage Pkwy toward Printpack RdDestination will be on the left
2.72	Head west on Heritage Pkwy toward Commerce Dr
3.21	Turn right onto S Wisteria St
3.59	Turn left onto Fort Worth St
3.75	Turn right onto S Willow St
3.76	Head southeast on S Willow St toward Fort Worth St
3.76	Turn left onto Fort Worth St
3.93	Turn right onto S Wisteria St
4.30	Turn left onto Heritage Pkwy
6.00	Turn left onto Matlock Rd
6.01	Head northwest on Matlock Rd
6.16	Head north on Matlock Rd toward Hospital Dr
6.35	Turn right onto Hospital DrDestination will be on the left
6.58	Head southwest on Hospital Dr
6.58	Head on Hospital Dr

<b>DISTANCE (MI)</b>	<b>DIRECTION</b>
<b>6.58</b>	Head on Hospital Dr
<b>6.58</b>	Head southwest on Hospital Dr
<b>6.58</b>	Head north on Matlock Rd toward Hospital Dr
<b>6.78</b>	Turn right onto Hospital Dr Destination will be on the left
<b>7.00</b>	Head northwest on Matlock Rd
<b>7.15</b>	Head southeast on S Willow St toward Fort Worth St
<b>7.15</b>	Turn left onto Fort Worth St
<b>7.32</b>	Turn right onto S Wisteria St
<b>7.69</b>	Turn left onto Heritage Pkwy
<b>9.39</b>	Turn left onto Matlock Rd
<b>9.40</b>	Head west on Heritage Pkwy toward Commerce Dr
<b>9.90</b>	Turn right onto S Wisteria St
<b>10.27</b>	Turn left onto Fort Worth St
<b>10.44</b>	Turn right onto S Willow St
<b>10.44</b>	Head southwest on Heritage Pkwy toward Printpack Rd Destination will be on the left
<b>11.24</b>	Head south on Miller Rd toward Heritage Pkwy
<b>11.32</b>	Turn right onto Heritage Pkwy Destination will be on the right
<b>11.98</b>	Head west on Dove Valley Ln toward Glen Meadow Tr
<b>12.31</b>	Turn left onto Miller Rd Destination will be on the left
<b>12.58</b>	Head northeast on Scenic Glen Dr toward S Cannon Dr
<b>12.74</b>	Scenic Glen Dr turns right and becomes S Cannon Dr
<b>12.85</b>	Head northeast on Hospital Dr toward Miller Rd
<b>12.90</b>	Turn left onto Miller Rd
<b>12.91</b>	Turn right onto Scenic Glen Dr
<b>13.16</b>	Destination



## 2023 MANSFIELD RUN WITH HEART 5K ROUTE

**3.12 mi**

Distance

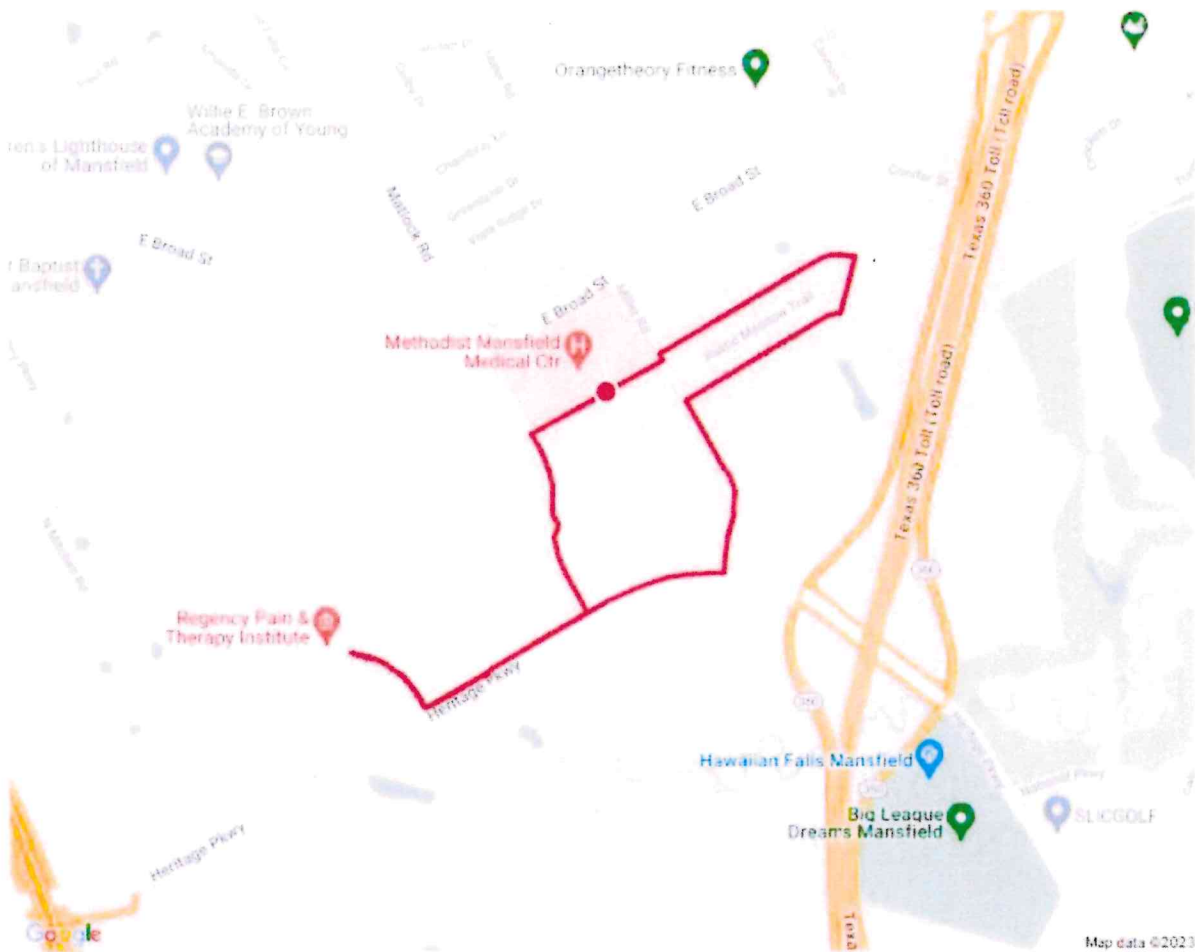
**68 ft**

Elevation Gain

**Run**

Activity Type

### Notes



Map data ©2023



Elevation

Start

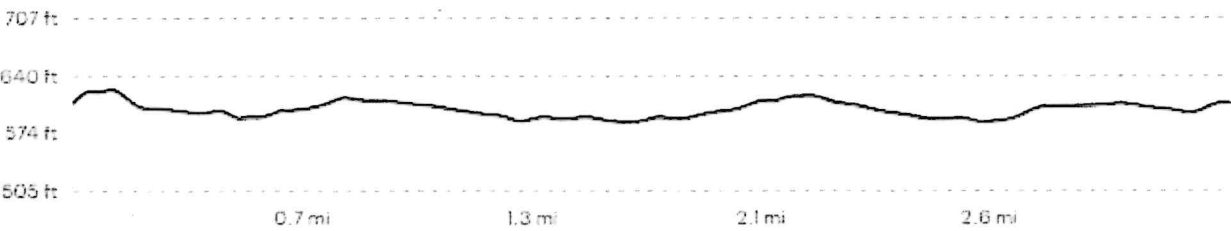
610 ft

Max

625 ft

Gain

68 ft



DISTANCE (MI)	DIRECTION
0.00	Head northeast on Hospital Dr toward Miller Rd
0.12	Turn left onto Miller Rd
0.13	Turn right onto Scenic Glen DrDestination will be on the right
0.53	Head east on Scenic Glen Dr toward S Cannon Dr
0.54	Scenic Glen Dr turns right and becomes S Cannon DrDestination will be on the left
0.61	Head south on S Cannon Dr toward Dove Valley Ln
0.64	S Cannon Dr turns right and becomes Dove Valley Ln
0.97	Turn left onto Miller Rd
1.11	Head southeast on Miller Rd
1.32	Turn right onto Heritage Pkwy
1.87	Head southwest on Heritage Pkwy toward Regency Pkwy
1.92	Turn right onto Regency PkwyDestination will be on the right
2.06	Head west on Regency Pkwy
2.10	Head east on Regency Pkwy toward Heritage Pkwy
2.27	Turn left onto Heritage Pkwy
2.61	Turn left onto Matlock Rd
2.97	Turn right onto Hospital Dr
3.12	Destination

# 2023 MANSFIELD RUN WITH HEART 1 MILE ROUTE

**1.05 mi**

Distance

**23 ft**

Elevation Gain

**Run**

Activity type

## Notes



Elevation

Start

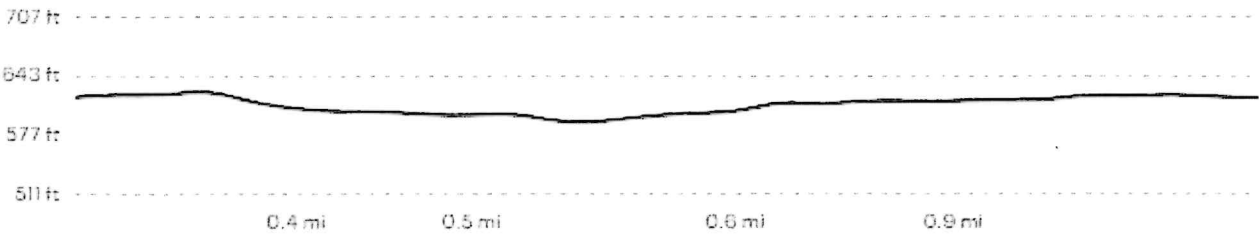
619 ft

Max

625 ft

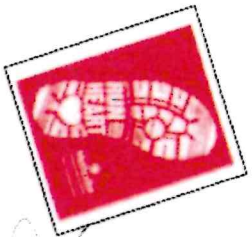
Gain

23 ft

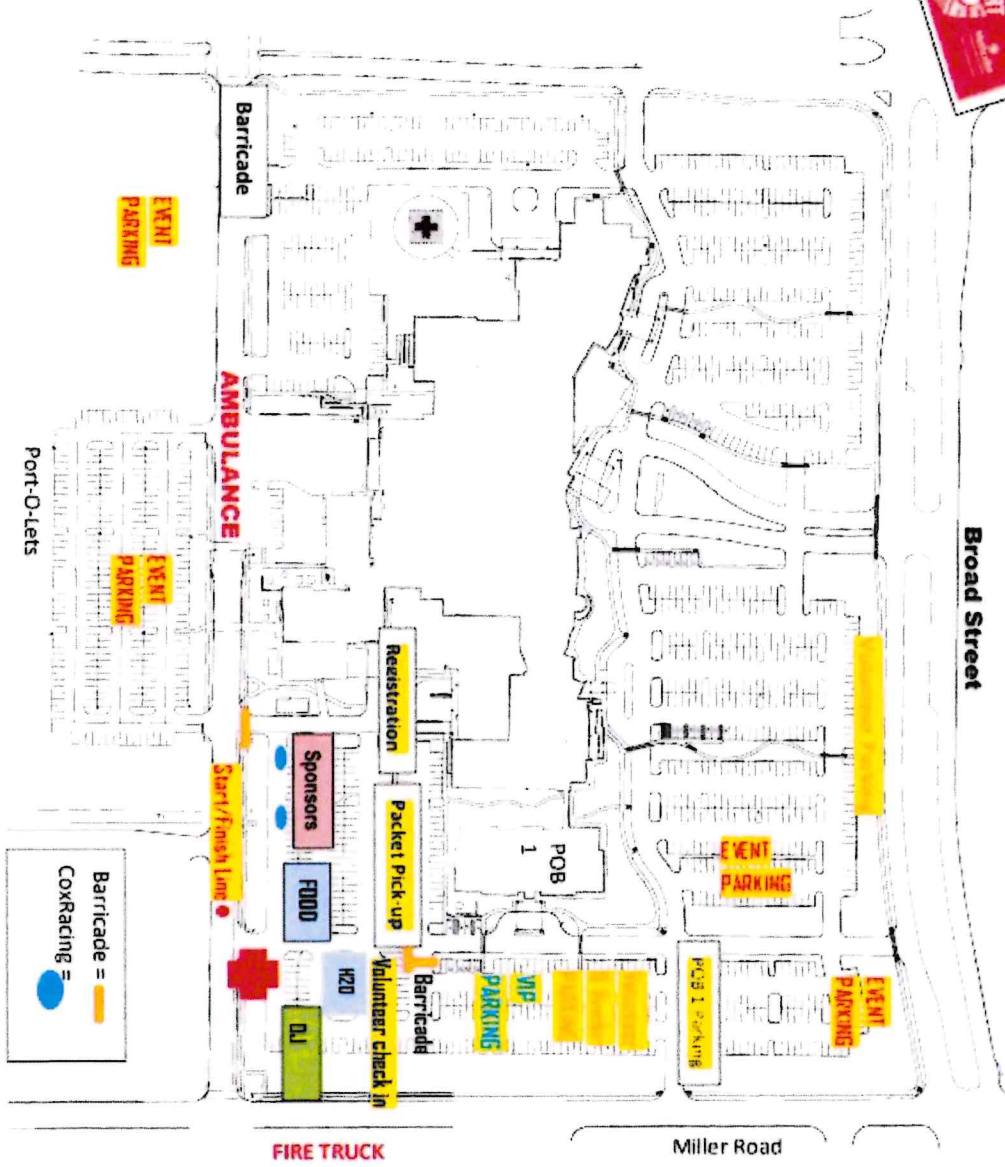


DISTANCE (MI)	DIRECTION
0.00	Head northeast on Hospital Dr toward Miller Rd
0.05	Turn left onto Miller Rd
0.07	Turn right onto Scenic Glen Dr
0.47	Head south on S Cannon Dr toward Rustic Meadow Trail
0.52	Head south on S Cannon Dr toward Rustic Meadow Trail
0.58	S Cannon Dr turns right and becomes Dove Valley Ln
0.79	Head southwest on Dove Valley Ln toward Miller Rd
0.85	Head southwest on Dove Valley Ln toward Miller Rd
0.91	Turn right onto Miller RdDestination will be on the right
0.94	Head northwest on Miller Rd toward Rustic Meadow TrailDestination will be on the right
0.97	Head northwest on Miller Rd toward Hospital Dr
0.99	Turn left onto Hospital Dr
1.05	Destination





# Run with **Heart** 2023 SPONSOR/VENDOR SITE MAP



EVENT Parking  
Allowed at  
Mary Orr School

EVENT PARKING SITE MAP



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/24/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Liz Painter
Insurance Management Group	PHONE (A/C, No, Ext): (260) 240-4792 FAX (A/C, No): (260) 240-4792
12730 Coldwater Road, Suite 103	E-MAIL ADDRESS: lpainter@insmgt.com
Fort Wayne IN 46845	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: National Casualty Company 11991
INSURED	INSURER B: Nationwide Life Insurance Company 66869
Road Runners Club of America/2023 and Its Member Clubs	INSURER C:
1501 Langston Boulevard, Suite 140	INSURER D:
Arlington VA 22209	INSURER E:
	INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: 2023 \$2M A.I.

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participants \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis			KRO0000009333000	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse and Molestation \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000009333000	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Exces Medical & Accident \$250 Deductible/Claim)			BAX0000031991400	12/31/2022	12/31/2023	Excess Medical \$10,000 AD & Specific Loss \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED DATE OF EVENT(S): 11/04/23 Mansfield Run With Heart INSURED RRCA CLUB/EVENT MEMBER: Cox Running Club ATTN: Demery Cox, 3028 Gardenia Dr., Fort Worth TX 76119  
Processed by RMV

Effective 07/26/23 this voids and replaces any previously issued certificates.

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE