

APPLICATION FOR LARGE GROUP ACTIVITIES

***application and all required documentation must be complete and included or application will not be considered**

1. EVENT INFORMATION

Event Name:

Dates/Times

Dismantle Date/Time 04/19/2026

* Setup

Event End Date 04/18/2026

Date/Time 04/14/2026

Event Start Date 04/18/2026

**Event Hours 8am - 5pm

*An official letter from owner of property permitting activity MUST accompany application, if not owned by applicant

Event Location/
Address:

301 W Beach Blvd, Gulf Shores, AL 36542

Contact Information (Applicant will serve as the sole contact for all correspondence from the city.)

Applicant

Event Organizer

Name: Shawn Weaver/Beach Director

Name: Shawn Weaver/Phillip Bryant
Gulf Coast Region Volleyball Association, LLC

Address: 6917 Marble Court, Gulf Shores AL

Address: PO Box 1985 Orange Beach, AL

Phone #: 251.609.3191

Phone #: 251) 979-4287

Cell #: 251.609.3191

Cell #: 251) 979-4287

Email: sweaver@pivc.org

Email: gcrcommish@gmail.com

Web Address:

Purpose

Athletic/Recreation

Concert/Performance

Social

Event Description

Attendance

Anticipated Attendance Total 40 teams Per Day 40 Teams

*If requesting multiple days please detail each day and time of operation in the Site Plan.

**Please indicate the intended daily event start and end time(s).

Is this an annual event? Yes No How many years have you been holding this event? 2

Event Features (check all that apply and include supporting documentation)

- | | | |
|--|--|---|
| <input type="checkbox"/> Beverage/Food Vendors | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Merchandise Vendors | <input checked="" type="checkbox"/> Tents/Canopies | <input checked="" type="checkbox"/> Electrical /Generator Usage |
| <input type="checkbox"/> Stages/Platforms | <input checked="" type="checkbox"/> Restrooms | <input type="checkbox"/> Fencing/Barricades |
| <input type="checkbox"/> Pyrotechnics | <input checked="" type="checkbox"/> Use of Public Property | <input type="checkbox"/> Outdoor Cooking |
| <input type="checkbox"/> Shuttle Service | <input type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Inflatables/Bounce Houses |

2. INSURANCE CERTIFICATE AND ENDORSEMENTS

In addition to completing the application form and paying permit and rental fees (when applicable), the applicant is required provide Proof of insurance, in the form of an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000* combined single limit per occurrence, shall be furnished no later than five (5) days preceding the date of the large group activity. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant must also agree to endorse the City of Gulf Shores as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Failure to produce such certificate, binder, or other suitable proof of insurance shall cause the permit to be revoked automatically.

If automobiles or inflatables will be utilized, the applicant shall obtain a minimum of \$1,000,000 combined single limit coverage per accident, including owned, hired and non-owned automobiles or inflatables.

If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to insurance will automatically revoke permit. Each certificate of insurance shall provide that the insurer must give the City of Gulf Shores at least thirty (30) days' prior written notice of cancellation and termination of the applicant's

3. ACKNOWLEDGEMENT AND SIGNATURE

I, the applicant, understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by the City of Gulf Shores. I further agree to defend, indemnify and hold the City of Gulf Shores harmless from and against all third-party claims, demands, liabilities, losses, damages, suits, judgments, costs, expenses (collectively, "Third Party Claims") and reasonable attorney's fees in any manner arising out of or resulting from bodily injury, sickness, disease or death of any person or persons, or damage to or destruction of tangible property, including the loss of use resulting therefrom, or caused by or occurring during the course of performance of any services provided and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before the permit is issued is the sole responsibility of the applicant.

Print Name of Applicant

Signature

Date

PERMIT AUTHORIZATION - FOR OFFICIAL USE ONLY

City Staff	Signature	Date
Capital Projects Director Clint Colvin		
Purchasing Officer Shelby DeBlieux		
Rental Specialist Brian Dugall		
Chief Building Official Brandan Franklin		
Public Works Director Noel Hand		
Recreation & Cultural Affairs Director Grant Brown		
Revenue Supervisor Theresa Daugherty		
Chief of Police Dan Netemeyer		
Fire Chief Mark Sealy		
Planning & Comm Dev. Director Scott Stephens		
Fire Marshal George Surry		
City Engineer Jenny Wolfschlag		

Emergency Action Plan – Beach Tournament

- **Emergency Response:**
In the event of a medical or facility emergency, the **Tournament Director** will immediately call **911** and coordinate emergency response until first responders arrive.
 - **Medical Coverage:**
Benchmark Athletic Trainers will be **on-site throughout the tournament** to provide immediate medical assessment, injury evaluation, and first aid as needed.
 - **Lightning & Severe Weather:**
The **Tournament Director** will monitor weather conditions at all times.
 - A **horn blast** will signal **immediate suspension of play** due to lightning or unsafe weather conditions.
 - All athletes, coaches, and spectators must **clear the courts immediately** and follow staff instructions.
 - Play will not resume until conditions are deemed safe by the Tournament Director.
 - **Chain of Command:**
All emergencies and weather-related decisions are made by the **Tournament Director** in coordination with on-site medical staff and emergency services.
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Emergency Contacts

- **Tournament Director:** Shawn Weaver — **251-609-3191**
- **Event Operations:** Phillip Bryant — **251-979-4287**

APPLICATION FOR PUBLIC ASSEMBLY

Kathy DeBoer "Heart of the Game" (April 18-19)

DEPARTMENT APPROVALS/DENIALS

City Staff	Signature	Date
Capital Projects Director Clint Colvin		3/5/26
Purchasing Officer Shelby DeBlieux		3/5/26
Rental Specialist Brian Dugall		3/6/26
Chief Building Official Brandan Franklin		3/5/26
Public Works Director Noel Hand		3/9/26
Recreation & Cultural Affairs Director Grant Brown	Approved by Laura on behalf of Grant	3/5/26
Revenue Supervisor Theresa Daugherty		3/5/26
Chief of Police Dan Netemeyer		3/5/26
Fire Chief Mark Sealy	Approved by Tammy on behalf of Chief Sealy	3/5/26
Planning & Comm Dev. Director Scott Stephens		3/5/26
Fire Marshal George Surry		3/9/26
City Engineer Jenny Wolfschlag		3/5/26

[Handwritten Signature] 3/9/26

Assistant City Administrator Date

[Handwritten Signature] 3/9/26

City Clerk Date

CERTIFICATE OF INSURANCE

PRINT DATE: 1/21/2026

CERTIFICATE NUMBER: 202508291143806

AGENCY:Edgewood Partners Insurance Center
5909 Peachtree Dunwoody Road, Suite 800
Atlanta, GA 30328
678-324-3300 (Phone), 678-324-3303 (Fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAMED INSURED:USA Volleyball (National Office) Gulf Coast Region
4065 Sinton Road P O Box 1985
Colorado Springs CO 80907 Orange Beach AL 36561**INSURERS AFFORDING COVERAGE:**

INSURER A: Accredited Surety and Casualty Company, Inc. NAIC# 26379

EVENT INFORMATION:

All Gulf Coast Region's Sanctioned Events and Activities (-)

POLICY/COVERAGE INFORMATION:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS	TYPE OF INSURANCE:	POLICY NUMBER(S):	EFFECTIVE:	EXPIRES:	LIMITS:
A	GENERAL LIABILITY				
	X Occurrence	1-RSL-CO-17-01537353-01	9/1/2025 12:01 AM	9/1/2026 12:01 AM	GENERAL AGGREGATE (Per Event) \$4,000,000
	X Participant Legal Liability				GENERAL AGGREGATE (Policy Cap) \$15,000,000
					EACH OCCURRENCE \$2,000,000
					DAMAGE TO RENTED PREMISES (Each Occ.) \$2,000,000
					MEDICAL EXPENSE (Any one person) EXCLUDED
					PERSONAL & ADV INJURY \$2,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000
A	UMBRELLA/EXCESS LIABILITY				
	X Occurrence	1-RSL-CO-17-01537354-01	9/1/2025 12:01 AM	9/1/2026 12:01 AM	EACH OCCURRENCE \$3,000,000
					AGGREGATE (Applies Per Event) \$3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

The certificate holder is an additional insured as required by written contract or written agreement as per form CG2026: Additional Insured - Designated Person or Organization, but only with respects to USA Volleyball (USAV) and Regional Volleyball Association (RVA) sanctioned events.

No coverage will apply for RVAs and RVA clubs for events conducted in which all participants are not registered with USAV.

The General Liability Policy includes \$2,000,000 Each Occurrence / \$4,000,000 Aggregate of Sexual Abuse and Molestation coverage.

Coverage is available under a Participant Accident policy #PAI L006020395201 with Berkley Life and Health Insurance Company on file with the policyholder - Accident Medical Coverage \$25,000, deductible \$250 - Accidental Death & Dismemberment \$10,000. Policy effective date: September 1, 2025 / Policy expiration date: September 1, 2026.

CERTIFICATE HOLDER:City of Gulf Shores attn: Mrs. Wanda Parris
P O Box 299
Gulf Shores AL 36547**NOTICE OF 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:

