Races at the Park are fun and easy!

- Picnic Shelters make for an easy base of operations
- 5k and 10k routes are already designed
- Limited roads mean safe race courses
- Additional amenities include the campground, Interpretive Center, programs for kids, and Camper Cabins
1. Fill out our Event Application and return it to Skidaway Island State Park, attention the Park Manager.

2. Once the event is approved, rent a Picnic Shelter or the Group Shelter online at gastateparks.org/SkidawayIsland or call 1(800)864-7275. We recommend Picnic Shelter 1 because it is easy to find and near a playground and a volleyball court.

3. Contact our Marketing Coordinator to be listed in the park’s events and social media.

4. Organize your race as usual!

Need to know: The Park office phone number is (912)598-2300. All cars that come on to the park need a $5 parking pass, unless they have an annual pass. For race participants, this can be included in the entry fee, and the passes added into your race packets.
5k is the red loop.
10k is the red loop first, then the blue loop.

〇 Volunteer needed
▲ 5k & 10k start
★ 5k & 10k finish line
Event Application

Date ______________ Name of Event____________________________________________________

Contact Name _________________________________________________________

Title ________________________________________________________________

Event Sponsor or Company Name _________________________________________________________

Daytime Phone____________________________ Cell Phone ____________________________

Fax ____________________________E-Mail _______________________________________________

Mailing Address: _________________________________________________________

_______________________________________________________________________

Detailed Description of Activity:_____________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

At:________________________________________________________________________________
(State Park/Historic Site, Facility and Location within site)

Event Date(s) and Time(s) ______________________________________________________________

Number of Participants: _____________ Number of Personnel Provided for Event:______________

Will you provide Portable Restrooms for the Event?___________ If so, how many?______________

List of Equipment for Event:____________________________________________________________

____________________________________________________________________________________

Intended use of proceeds from event (Please be specific and include whether the project has potential for profit or commercial gain.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Complete one of Sections I through III below according to your participation in the Event. Complete section IV.
SECTION I- EVENT SPONSOR

Will recognition be given to the Georgia Department of Natural Resources and/or the state park or historic site? No_____ Yes _____

If “yes” is answered to the above question, explain:
______________________________________________________________________________________
______________________________________________________________________________________

SECTION II- FOOD VENDOR

1. Are you certified or licensed by a government entity to serve food? Yes _____ No_____ 
2. Can you provide evidence of this certification? Yes_____ No _____
3. Can you provide insurance with liability limits of $1,000,000 per occurrence and $2,000,000 aggregate? Yes_____ No_____

SECTION III- EXHIBITOR

Type of Display:______________________________________________________________
Type of Demonstration (if applicable):____________________________________________
Electricity required? Yes______ No_____
Special Requests:________________________________________________________________

Exhibitor shall be solely responsible for operating said facilities in a safe and proper manner. Department shall have no duties or responsibilities for operating, or supervising said facilities. Exhibitor shall and does hereby agree to occupy, use and enjoy the leased premises at its sole risk and shall pay, protect, indemnify, release and save and hold Department and Department’s employees and agents harmless from and against all liabilities, damage, cost, expenses, (including all attorney fees and expenses incurred by Department and of the Department’s employees or agents), causes of action, suits, demands, judgments and claims of any nature whatsoever (excluding those based upon the negligence of the Department, but including those caused in whole or in part by the negligence of the Exhibitor, its officers, agent, employees, customers, invitees or licensees), arising from, by reason of or in connection with: (i) injury to or death of persons or damage to property (a) on the premises or (b) in any manner arising from use, non-use or occupancy of the premises by Exhibitor or any Exhibitor’s officers, agents, employees, customers, invitees or licensees or (c) resulting from a condition of the premises, excluding any condition of the premises for which Department specifically is responsible under this Agreement, if any; (ii) violation of any agreement representation warranty, provision, terms or condition of the Agreement by Exhibitor or any of the Exhibitors officers, agents or employees; or (iii) violation of any law affecting the premises or the occupancy or use of the premises.
SECTION IV-SIGNATURE

Event Sponsor/Exhibitor/Food Vendor Signature: __________________________________________________

Date __________________________

_______________________________________________________________________________________

OFFICE USE ONLY:

Does the proposed event (check if applicable):
  _____ Impact site visitors by restricting access or closing public use areas or facilities?
  _____ Require access to restricted areas or facilities?
  _____ Require special hours?
  _____ Require site staff supervision or oversight?
  _____ Have the potential for profit?
  _____ Require restoration of site resources?
  _____ Involve the use of artifacts or historic structures?
  _____ Involve preparation or sale of food to public?
  _____ Present possible risk of personal injury or property damage?

Fee Recommendation: ___________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Site Manager Signature: __________________________________________________

Date __________________________

Region Office Signature: __________________________________________________

Date __________________________

Revised 10/6/11