



Oregon Bicycle Racing Association
PO Box 16355, Portland, Oregon, 97292
www.obra.org
Fax: (503) 667-6220

LAND USE PERMIT

Event Name: _____

Sponsoring Club: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Event Director: _____

Contact Phone No: _____ Contact Fax No: _____

Event Date(s): _____

Projected Participants: _____ Projected Spectators: _____

Event Location: _____

Description of Course: _____

Land Owners: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Fax No: _____

FOR COMPLETION BY THE LAND OWNER

The above named event on the days and location specified is hereby authorized to be held on our lands subject to the terms and policies mutually agreed upon by the sponsoring club and the land owner. Following the completion of the event, the sponsoring club will remove all event and race materials and return the property in as much as possible to a state equal or better than prior to the event.

We understand we will be named as an Additional Insured under the OBRA liability and accident insurance policy and can so request a copy of the insurance certificate.

Signature of Land Owner or Authorized Representative

Date