

ORA Accreditation Form

Race Name: _____

Date: mm/dd/yy: _____

Website: _____

Distances and Start Times of Races to be Accredited

Distance 1: _____ Time: _____

Distance 2: _____ Time: _____

Distance 3: _____ Time: _____

Distances and Start Times of Races NOT to be Accredited (e.g. 1km Kids Fun Run)

Distance 1: _____ Time: _____

Distance 2: _____ Time: _____

Race City: _____

Registration Location: _____

Start Line Location: _____

Race Director: _____

Address: _____

City: _____ Postal Code: _____

Phone Res: _____ Phone Bus: _____

Fax: _____

Email: _____

Contact for Entry Forms - Same as above: Or see below

Contact: _____

Address: _____

City: _____ Postal Code: _____

Phone Res: _____ Phone Bus: _____

Fax: _____

Email: _____

May we publish contact information? Email: Phone Res: Phone Bus Fax

Race Details:

There are certain minimum requirements, which must be met for all races. Refer to the Grading System Criteria for specific details in each category.

Safety:

1. Specify medical personnel to be used:

St. John Ambulance trained, or equivalent (specify): _____

St. John Ambulance:

C.W.R. or equivalent (specify): _____

Qualified Physician:

2. Water: At which km. points (including start/finish)? _____

3. Other Aid: Type of aid (sponges, ice, blankets, electrolyte, etc.) _____

4. Will at least one lane of the race course be closed to all traffic? Yes: No:

5. Will police control all intersections with traffic lights? Yes: No:

6. Specify how intersections not controlled by police will be monitored.
(Cadets, Scouts, running club, volunteers, etc.)

7. Will traffic cones or barricades be used along the entire course? Yes: No:

8. Will there be a lead vehicle/bicycle with a race official on board? Yes: No:

9. Describe surface(s) on which runners will travel (paved, grass, etc.)

Accuracy:

1. Specify the number of years this race has been held: _____

2. Number of entrants the last three years:

2009 _____ 2008 _____ 2007 _____

3. How was the course measured? (Car, bicycle, Jones Wheel, etc.) _____

When? _____ By whom? _____

4. Is the course length certified by ORA/Athletics Ontario or Athletics Canada? Yes: No:

If yes - File Number: _____

5. How will runners know/follow the course? Check all that apply:

Route map at registration or start line

Turns marshalled

Signs

Cones

Paint or lime

Other (specify): _____

6. Will there be a route map on the race application? Yes: No:

7. Will your application include directions on how to arrive at the start/registration area?

Yes: No:

8. At which points will distances be marked? _____

9. At which points will times be called out? _____

10. Will there be a digital display clock at the finish line? Yes: No:

11. Describe the finish line area: (cinder track, grass, road, etc.)

Results:

1. Describe your primary system for recording times and finishing positions: (e.g. Chronomix, stopwatches, digital display clock, tear-off tags, volunteers recording bib numbers.)

2. What is to be used as a back-up to this?

3. Do you plan to use a PA system at the awards ceremony? Yes: No:

4. Number and types of awards

5. Do you plan to use the ORA Quality Check forms for draw prize purposes? Yes: No:

6. How and when will runners see the results? (Check all that apply)

Posted 1 hour after last runner

Mailed on request

Posted on web page

Available at running stores

Printed in newspaper

Other:

1. Will baggage check facilities be available? Yes: No:

2. Will there be at least one men's and one women's washroom/portable per 100 runners

Yes: No:

RELEASE WAIVER AND INDEMNITY. IMPORTANT: It is **MANDATORY** that the Ontario Roadrunners Association and Athletics Ontario be spelled out specifically and included in the above on your race entry form. Your race will not be accredited without it.

Fees:

1. Will you be using the ORA Insurance policy to insure your event? Yes: No:

The cost is \$1.50 + PST per non ORA/Athletics Ontario Member. There is also an administration fee of \$30.

If the answer above is Yes, what municipalities and/or sponsors, if any, must you name as an additional insured? (the cost is \$25 per \$5M of coverage plus PST).

If the answer above is **No** and you will not be using the ORA policy to insure your event, then have your insurance broker complete and submit the **insurance questionnaire** posted on the ORA website. All areas marked with an asterisk must be covered in order to receive ORA accreditation.

2. ORA Accreditation Fees based on race class:

Class A = \$50 Class A+ = \$100 Class AAA = \$200

3. How will you be paying? (please select)

Cheque mailed after submitting this application

VISA faxed or mailed after submitting this application

4. Would you like to take advantage of enhanced promotion of your race on the ORA website?

Race description/graphic and link on ORA Home Page for 4 weeks prior to race \$200 please email content (500 character description) to info@ontarioroadrunners.com

Preferred placement in Race Calendar highlights page - \$25

NOTE: Once form is submitted payment can be made by sending a cheque or VISA information (see details below) to the following address:

ORA Race Accreditation
2255-B Queen St. East, Box 158
Toronto, ON
M4E 1G3

VISA information required:

Number, expiry date and exact name on the card