



ARROWHEAD LAKE ASSOCIATION

## SPECIAL EVENT PERMIT 2026

**ATTN:** SHARON PITTMAN  
**Email:** spittman@ala-ca.org  
**In person:** 870 North State Highway 173, Lake Arrowhead, CA 92352  
**Mail:** PO Box 1119, Lake Arrowhead, CA 92352

**INSTRUCTIONS:** To apply for a Special Event Permit, complete this form and submit it to the Arrowhead Lake Association office no later than **90 days PRIOR to the event**. ALL Events **MUST** be **REVIEWED** by the Lake Safety Committee for safety concerns 30 days prior to the event and then recommended to the ALA Board for **FINAL APPROVAL**. Lake Safety Committee meetings are usually on the 2<sup>nd</sup> Saturday of every month at 9:00 AM.

**PERMIT FEE:** **SUBMISSION FEE: \$50.00 (Will be returned after the successful completion of event)**  
**Please submit your paperwork on time or you may not get approval prior to your event date.**

Applicant Organization

Mailing Address:	City/Zip	
Contact Person	Best Phone Number	Secondary Phone Number
Email	Date(s) of Event: <b>INCLUDE YEAR</b>	Time(s)
Location		

Description of Event: Is this a recurring Event? ☐ Yes ☐ No

Estimated Number of Participants (Any person operating a vessel <b>MUST</b> take the ALA Lake Safety Test)	Estimated Number of Spectators
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List any ALA support requirements necessary for event, i.e. patrol, boats, etc.

List all ALA property which will be needed (Lake, Beach Clubs, parking lots, parks and almost all shoreline are ALA property)

Name and telephone number of person available before and during event with authority to control event



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## **SPECIAL CONDITIONS REQUEST:**

**Sound: (for boating events):** Individual boats shall not exceed a noise level of 82dba measured at a distance of 50 feet from boat tested by ALA Lake Safety Personnel in accordance with Harbors and Navigation Code 654.05.

## **INSURANCE REQUIREMENT:**

Evidence of liability insurance must be provided 30 days in advance of the event in the amount of \$1,000,000 combined single limits for each occurrence and \$2,000,000 general aggregate. Arrowhead Lake Association, its employees, directors, officers and volunteers are to be included as additional insured on the policy. An Additional Insured endorsement shall be completed, issued by your insurance carrier, countersigned by agent, and attached to the certificate of insurance. Insurance carrier's financial rating must be minimum of "A-10."

## **PROPERTY DAMAGE:**

Any damage to Association property during the event will be the responsibility of the applicant including the full costs to repair property damage and clean-up.

## **GENERAL HOLD HARMLESS:**

It is an express condition of this permit that the Association, its officers, directors, agents, volunteers and employees shall be free from any and all liabilities and claims for damages and/or suit for or by reason of any death of or injury or injuries to any person or persons or damages to property of any kind whatsoever, whether the person or property of permittee, its agents, members or employees, or third persons, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this permit or occasioned by any occupancy or use of said premises or any activity carried on by permittee in connection therewith; and permittee hereby covenants and agrees to indemnify and to save harmless the Association, its officers, directors, agents, volunteers and employees from all liabilities, charges, expenses (including counsel fees), and costs on account of or by reason of any such deaths, injuries, liabilities, claims, suits, or losses however occurring or damage growing out of same.

**I/We agree to all of the above conditions for issuance of this Special Event Permit.**

\_\_\_\_\_  
**Signature of Applicant/Representative**

\_\_\_\_\_  
**Date**

## **OFFICE USE ONLY:**

**Permit Received**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Permit FEE:**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Department Review**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**GM Review**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**LS Review**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**LS Actions**

\_\_\_\_\_  
\_\_\_\_\_

**BOARD APPROVAL**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Ins. Recvd**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## **NOTIFICATIONS:**

Event Organizer

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Departments

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_