



MICHIGAN FITNESS FOUNDATION

Michigan Governor's Council on Physical Fitness Endorsement Application

To apply for event endorsement, read and complete the following questionnaire, then return by fax: (517) 347-8145 or mail: Tricia Fraas, Michigan Fitness Foundation, P.O. Box 27187, Lansing, MI 48909.

The endorsement committee will review your application, assess your event based on the criteria listed, and determine your eligibility. If your event qualifies, you will be notified within two to three weeks of your application.

Organization Information

Event/program name: _____

Event date(s): _____

Presenting organization: _____

Primary contact: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Web Address: _____

Alternate contact: _____

Title (alternate): _____

Organization (alternate): _____

Address (alternate): _____

Phone (alternate): _____

Fax (alternate): _____

Email (alternate): _____

Web Address (alternate): _____

Event/Program Endorsement Criteria

The following criteria will be considered in the endorsement application process. *Check all that apply to your event/program.*

- The presenting organization/event host has good credibility with its constituents and event/program participants.
- The event/program will provide a positive experience for its participants.
- The event/program will be conducted by qualified officials (if applicable).
- The applicant will provide a safe environment for its participants. Appropriate safety equipment will be worn by all participants (e.g., helmets in bicycling events and shin guards in soccer events).
- Adequate and appropriate medical supervision and support, including emergency preparedness, will be provided during the event/program.
- The presenting organization/ host will have liability insurance for the event/program and will inform participants of their responsibility to obtain personal injury insurance.
- Sponsors of the event/program will not produce and/or sell alcohol or tobacco products as their primary business.
- The event/program will be presented/hosted by a nonprofit organization and will be operated on a self-supporting financial basis with any proceeds going to a nonprofit charitable organization

Event/Program Information

Type of event (*check all that apply*)

- Competitive sports
- Sports clinic
- Sports camp
- Fitness event (participants are physically active)
- Health/fitness fair

Other: _____

Event type (*check all that apply*)

- Run
- Walk
- Swim
- Bike

Multisport Events

Sports

Other: _____

Event/program description (*list sports if applicable*): _____

Event/program purpose: _____

Number of years event/program has been held: _____

Has this event/program received previous endorsement from the council?

Yes

No

Is this a statewide event?

Yes

No

Location of event/program (city): _____

Location of event/program (county): _____

If multiple sites, list all cities and counties: _____

Participant Information

Estimate number of participants: _____

Age range of participants: _____

Description of participants (*check all that apply*):

Experienced athlete

Occasional athlete

Non-athlete

Adult male

Adult female

Senior citizen

- Youth (ages 12-18)
- Children (under 12)

Does your event seek to involve any of the following?

- Physically disabled
- Developmentally disabled
- Sedentary population

Sponsor/Promotion Information

Is your event/program sponsored by companies that produce or sell alcohol or tobacco products as their primary business?

- Yes
- No

Please list your financial and in-kind sponsors: _____

How is your event/program promoted? (*Check all that apply*).

- Direct mail
- Press releases
- Paid advertising
- Public service announcements
- Through sports/club networks
- Web site

Other:

Liability Disclaimer

All liability to third parties, loss or damage as a result of claims, demands, costs, or judgment arising out of activities to be carried out by the program presenter/host are the responsibility of the presenter/host and not the responsibility of the Governor's Council on Physical Fitness, Health and Sports or the Michigan Fitness Foundation. Endorsement of the proposed event/program does not constitute endorsement of the presenting or sponsoring organization or the products used during the event.

Please fill out and return to the Michigan Fitness Foundation

By fax: (517) 347-8145

By mail: Tricia Fraas

Michigan Fitness Foundation

P.O. Box 27187

Lansing, Michigan 48909

By email: tfraas@michiganfitness.org