

**TO:** Parks & Recreation Committee, Public Safety, & Township Board

**FROM:** Deby Henneman, Township Coordinator

**DATE:** March 20, 2025

**AGENDA ITEM TOPIC:** Park Approval – American Diabetes Association – Tour De Cure 2025 – June 7, 2025 – Less than 100 participants  
Number of Supporting Documents: **1 Application Packet**

---

**Requested Action**

Consider approval of the Park Use request for Tour De Cure 2025, as outlined in application from American Diabetes Association dated 3/3/25, for event to be held June 7, 2025 on a portion of the Lakelands Trail, contingent on the Clerk Department be provided all requested documents to their satisfaction, and that application be referred to Public Safety for their input before going to the Township Board for final approval.

**Background**

This event has occurred in our area over the years, however, the last time I received an application was 2017. Anticipated exposure is under 100 people, but the event does coincide with another event taking place that same day, the Huron 100 Endurance Run. It is for this reason that Public Safety should do a review.

There would be no Park related fees for this event as it is held on the Lakelands Trail, however, should Public Safety be needed a determination on charges would be needed.



# Hamburg Township Manly Bennett Park

P.O. Box 157  
10405 Merrill Road  
Hamburg, Michigan 48139-0157  
(810) 231-1000 Office X-218  
(810) 231-4295 Fax

## Park Use Application

### And Release of Liability & Indemnification Agreement

(Application must be submitted 60 days before requested use)

#### Applicant Information:

Event Sponsor (or name if family or individual use): American Diabetes Association c/o Event 360

Name of Event: Tour de Cure Michigan

Type of Event: Bicycle Ride - rules of the road, non-timed Park Use Category #: Select One Event

Applicant Name: American Diabetes Association c/o Event 360

Date(s) of Event: June 7. Riders anticipated to enter into Hamburg 10:15AM. Riders off-route by 2pm.

Time(s) of Event: Event route marking (see attached examples - wire H Frames and Duct Tape) to occur June 5-6

Applicant Address: 55 E Jackson Blvd Suite or Apt #: Suite 1030

Applicant City: Chicago State: IL Zip: 60604

Contact Person (present during use): Aaron Gingras

Contact's Affiliation with Applicant: Production coordinator, Event 360

Contact's Phone: 872-895-7523 Contact's E-Mail: agingras@event360.com

Event Co-applicant, if any: \_\_\_\_\_

All Co-applicants must also sign all applications and waivers.

Co-applicant relationship to Applicant: \_\_\_\_\_

Co-applicant's phone: \_\_\_\_\_

#### Insurance Information:

Insurance Carrier: Great American To be provided

Certificate of Insurance must be provided by all applicants as outlined in Appendix B in the Park Facility Use Policy.

Policy #: MAC 332600705 Expiration Date: 2/1/26

Limit of General Liability: 1,000,000 Occurrence 3,000,000 Aggregate

Umbrella Coverage Limit (if any): 5,000,000 Occurrence 5,000,000 Aggregate

## Event Description: *(any information that doesn't pertain to your event please indicate not applicable)*

Please describe the event you propose to host: \_\_\_\_\_

The American Diabetes Association's 'Tour de Cure' event is a rules-of-the-road, non-timed bike ride.

We anticipate approx 50-75 riders to utilize the course that runs through Hamburg. First riders are expected to pass into Hamburg at 10:15AM. All riders off route by 2PM. Route to utilize 7.8 miles within the Township, utilizing the Lakelands Trail, Hamburg Rd, Sheldon Rd, Hall Rd, and Eight Mile W.. See attached for route maps with turn-by-turn directions. See email correspondence for Ride W GPS route link.

Total Number of participants/spectators/guests anticipated during event: 50-75

Average of participants/spectators/guests anticipated at any given time: 50-75

Site of Proposed Event; include all areas of the parklands that will be used: \_\_\_\_\_

See attached route maps and email correspondence for GPS link.

*Include site plan drawing reflecting all areas of the Township Park and recreational facilities the event will effect*

Will there be camping and trailer facilities? If so, are overnight stays anticipated: NO

Number of Volunteers: Route volunteers - est 10-15 Are Volunteers trained?: Yes  
*Please attach copy of Volunteer Handbook if applicable*

Will tents be used?: No If so, please indicate locations: \_\_\_\_\_

*Under no circumstances are tent stakes to be driven into asphalt surfaces. Tent locations must be pre-approved.*

Will admission be charged? If so, how much: No

Parking fee charged? If so, how much: No Valet service available? N/A

Will Food/Beverages be served? If so, types of food and name of persons serving: \_\_\_\_\_

N/A

*For anything other than pre-packaged foods, Concession Application, Health Department License and Products Liability coverage is required.*

Will there be Fireworks or any other pyrotechnic display? If so, describe: N/A

*Insurance requirements to be established during the event review process as stated in Appendix B of the Park Facility Use Policy.*

Will there be any animals present? If so, describe: N/A

*Pets are not allowed in Parkland during events. Service Dogs are allowed with proper certification.*

Will there be Amusement rides or games? If so, describe: N/A

*Insurance requirements to be established during the event review process as stated in Appendix B of the Park Facility Use Policy.*



Will there be a need for vehicles to be used on Township grounds? If so, describe: \_\_\_\_\_

\* We are requesting use of golf carts along the Lakelands trail to support signage deployment and clean up. Carts may also be used by our medical provider in the event of an emergency.

*Personal vehicles require proof of Auto Liability based on the description of use and areas needing to be accessed during event.*

Will there be a need for Emergency Responders over and above what is included in the Public Safety Fee? If so,

describe: \* We will contract with EMSS, our national EMS provider to arrange a roaming ambulance with EMT. Unit will roam the event route and report to location as needed.

*Hamburg Township reserves the right to require private security and/or emergency responders be present during any event.*

Specific services required from the Township, if any: n/a

Other information regarding your event that you feel may be helpful: \_\_\_\_\_

## Organized Sports and/or Sporting Events:

Please indicate type of sports event: ☐ Regular Season (Games/Practices) ☐ Sports Tournament ☐ Other

If Tournament or other event, complete Event Description on Page 2 and provide additional details, if any:

n/a

## Release of Liability & Indemnification Agreement

*The approval of this park use request is contingent upon receipt of all requested information, review process of the Hamburg Township Parks & Recreation Committee, and approval of the Hamburg Township Board. The applicant may be required to provide additional information as is deemed necessary by the Parks & Recreation Committee and/or Township Board, and may be required to meet with the Parks Administrator and/or Parks Coordinator to supply additional information or to answer questions. If the Park Use Application is received less than 60 days prior to the requested event date, the Parks & recreation Committee and Township Board may process the application, however, the application fee may be increased in an amount to be determined by the Parks & Recreation Committee and/or the Township Board.*

The undersigned acknowledges that he/she/they are authorized to sign this application on behalf of the applicant and that he/she/they have received a copy of all documents relating to the use of the park and recreational facilities including the Hamburg Township Park Facility Use Policy Rules and Regulations.

In further consideration of entering into this agreement, to the fullest extent permitted by law, the Applicant agrees to defend, pay on behalf of, indemnify, and hold harmless Hamburg Township, its elected and appointed officials, employees and volunteers, and others working on behalf of Hamburg Township against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from Hamburg Township, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of, or is in any way connected or associated with this contract.

The Applicant covenants and agrees that it will have a representative on the premises at all times to monitor the set-up, use and tear-down of the use and all activities related to thereto and under no circumstances shall the use of the park be granted or sublet to any other group or organization without the express written permission of the Hamburg Township Board of Trustees.

Any Applicant or group or entity co-hosting an event must provide a Certificate of Insurance naming Hamburg Township as an additional insured and proof of that coverage must be provided prior to the issuance of the permit for the event. The Applicant and/or co-host of any event must comply with all rules, regulations and policies of the Township pertaining to the said use and will be ultimately responsible for any and all damages to any Hamburg Township property resulting from the use, and shall otherwise restore the Township property to its previous condition.

**Personal Property Damage Claims:** The applicant hereby releases Hamburg Township, Its elected and appointed officials, employees and volunteers, and others working behalf of Hamburg Township, from any and all liability or responsibility to the applicant or anyone claiming through or under the applicant by way of subrogation or otherwise, for any loss or damage to applicant's property resulting from any incident, except damages resulting from the gross negligence of the Township, as it relates to the activities and uses contemplated by the application. It is understood by the applicant that all private property kept, stored or maintained in and on the Hamburg Township Park and recreational facilities shall be so kept, stored or maintained at the risk of the Applicant.

Initials: U

**Public Health & Safety:** The applicant hereby swears and attests that they have complied with all aspects and intent, of Background Checks and that they are in compliance with the Michigan Sports Concession Law, Acts 342 & 343, Public Acts of 2012, as referenced in the Park Facility Use Policy and outlined in Appendix A. The applicant understands that falsification of the above statement and/or failure to comply with these requirements may result in the suspension and/or revocation of the use of the Hamburg Township parkland facilities.

Initials: U

DocuSigned by: Charlotte Carter Date: 3/3/2025  
C1148642B39446E...

Co- applicant's Signature: [Signature] Date: \_\_\_\_\_

Parks Coordinator: [Signature] Date: 3/20/25

### For office use only

Comments: \_\_\_\_\_

Meeting Approval Dates: \_\_\_\_\_ Parks & Recreation \_\_\_\_\_ Public Safety \_\_\_\_\_ Township Board

Application has been (Circle one)



Approved



Denied

Hamburg Township Representative: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036  CN103156776-Stand-GAWUP-24-26	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> AMERICAN DIABETES ASSOCIATION ATTN: ROBERT BRINDLE 2451 CRYSTAL DRIVE ARLINGTON, VA 22202	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Great American Insurance Company	
	<b>INSURER B:</b> Federal Insurance Company	
	<b>INSURER C:</b> Great American Alliance Insurance Company	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> NYC-012239986-01	<b>REVISION NUMBER:</b> 5
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MAC 3326007 05	02/01/2025	02/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MAC 3326007 05	02/01/2025	02/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB 3326009 05	02/01/2025	02/01/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	(25) 7174-66-92	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>PROPERTY</b> Other deductibles may apply			MAC 3326007 05 as per policy terms and conditions.	02/01/2025	02/01/2026	LIMIT: \$ 4,019,120

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

RE: Tour de Cure Michigan, Date of Event: 6/7/25 Event: Bike Ride  
Hamburg Township is included as additional insured (except Workers Compensation) where required by contract.

## CERTIFICATE HOLDER

Hamburg Township  
PO Box 157, 10405 Merrill Road  
Hamburg, MI 48139

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Marsh USA LLC*

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: CN103156776

LOC #: New York



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA, LLC.		NAMED INSURED AMERICAN DIABETES ASSOCIATION ATTN: ROBERT BRINDLE 2451 CRYSTAL DRIVE ARLINGTON, VA 22202
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Layer

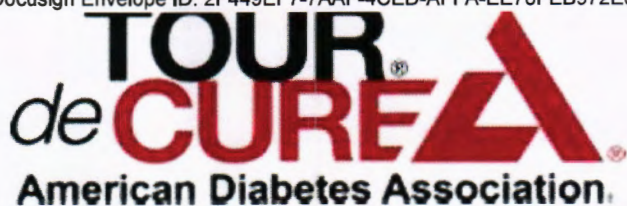
Carrier: Hamilton Select Insurance Inc

Policy#: ECHS00115914

Effective Dates: 2/1/2025-2/6/2026

Limit: \$5M x \$5M





# Route Signage Example

## Multiple Route Directional Signage



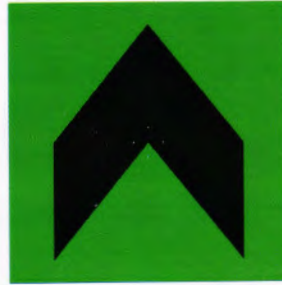
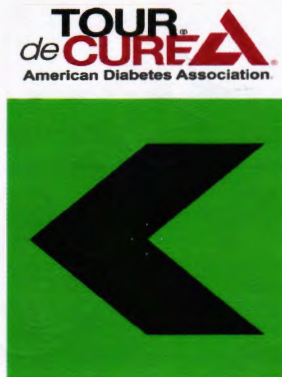
### Marking:

- Place one arrow approximately 100 feet before each turn for every route length approaching the turn.
- For turns with one or more routes, use a multiple-route sign.
- Place one arrow after the turn or intersection to reaffirm the route direction.
- The route marking team may place confidence arrows for long, straight sections to indicate that the route continues straight ahead.
- At prominent intersections, place two confidence arrows for each group of riders on the route.
- Use H wire sign stake to place sign along the route

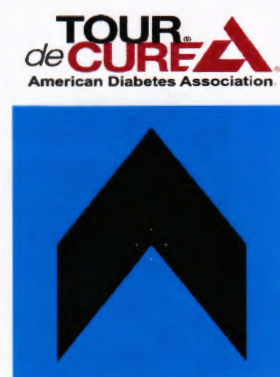
## Metric Century



## Metric 1/2 Century



## Family Fun Ride





DocuSign Envelope ID: 2F449EF7-7AAF-4CED-AFFA-EE78FEB972E8

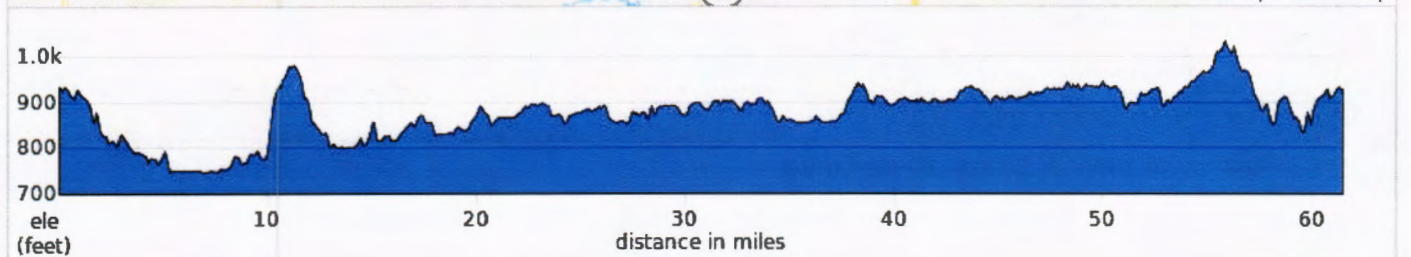
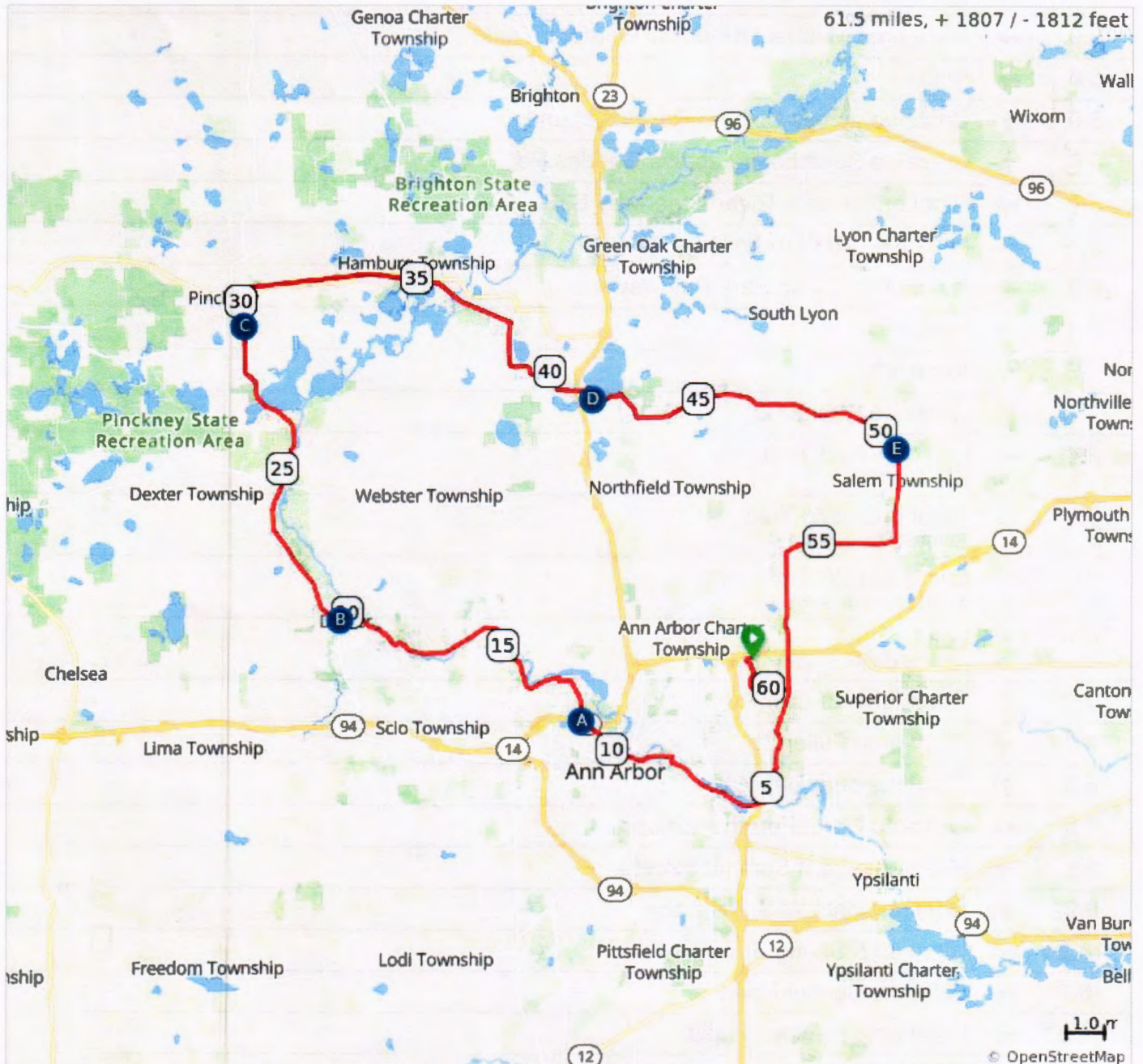




# ADA25 TCMi 63.5mi - Permits Pending v2



- |   |                                     |
|---|-------------------------------------|
| A. Rest Stop #1: Bird Hills Parking Area  | D. Rest Stop #4: First UMC Whitmore |
| B. Rest Stop #2: Monument Park            | E. Rest Stop #5: Willow Greenhouses |
| C. Rest Stop #3: St. Mary Catholic Church |                                     |





Dist	Type	Note
0.0	📍	Start of route
0.2	←	Left onto Earhart Rd
1.2	←	Left onto Ann Arbor Rd/Plymouth Rd
2.1	→	Right onto N Dixboro Rd
3.0	←	Left at Matthaei Botanical Gardens
3.0	→	Right onto Matthaei Botanical Gardens Trail
5.0	→	Right
5.0	↑	Continue across Dixboro Rd Westbound
5.0	↑	Continue Southbound across Geddes Rd
5.2	→	Right onto Huron River Greenway B2B
5.2	←	Left onto Old Dixboro Rd
5.3	→	Right onto Gallup Park Pathway
6.4	↱	Keep left
6.6	↱	Keep left
7.1	↑	Continue Straight
8.4	←	Left onto B2B Trail Keep on Sidewalk
8.6	→	Right onto B2B Trail Across Crosswalk
8.6	←	Left onto B2B Trail Keep on sidewalk
9.1	↑	Left Across sidewalk West bound
9.1	i	Continue on Fuller Rd
9.2	→	Right onto Fuller St
9.5	↑	Continue onto Depot St
9.8	←	Left onto North Fourth Avenue
9.8	→	Right onto East Summit Street
9.9	↑	Continue onto W Summit St
10.2	→	Right onto Spring Street
10.5	←	Left onto Sunset Road
11.3	→	Right onto Newport Road
11.3	i	Rest Stop Ahead
11.4	i	Rest Stop #1: Bird Hills Parking Area
12.8	→	Right onto Foster Rd
12.9	←	Left onto W Huron River Drive

12.9 miles. +408/-526 feet



Dist	Type	Note
17.3	↩	Slight Left onto B2B Trail
17.3	↑	Continue on B2B - Dexter-Huron Metropark to Zeeb Road
18.4	←	Left
18.5	→	Right onto B2B Trail (Dexter Section)
19.9	←	Left onto Central Street
20.0	←	Left onto 3rd Street
20.1	→	Right onto Dover St
20.4	→	Right onto Ann Arbor St
20.4	i	Rest Stop Ahead
20.5	i	Rest Stop #2: Monument Park
20.5	↑	Continue onto Main St
21.0	→	Slight right onto Dexter-Pinckney Rd
28.7	i	Rest Stop Ahead
29.2	→	Right onto Grayhawk Ct
29.3	i	Rest Stop #3: St. Mary Catholic Church
29.3	→	Right onto Dexter-Pinckney Rd
29.9	↑	Continue onto S Dexter Rd
30.4	→	Right onto Lakelands Trail State Park
33.4	←	Left onto Lakelands Trail State Park Ride under overpass
37.7	→	Right onto Hamburg Road
38.7	↩	Keep left
38.9	↑	Continue onto Sheldon Road
40.1	→	Right onto Emerald Cir
40.2	→	Right to stay on Emerald Cir
40.5	→	Right onto Emerald Cir S
40.8	→	Right onto Opal Ln
40.8	←	Left onto Barker Rd
41.3	←	Keep left to stay on Barker Rd
41.4	→	Right onto Main St
41.6	i	Rest Stop ahead
41.7	←	Rest Stop #4: First UMC Whitmore
41.8	←	Left onto E Shore Dr
42.5	→	Right onto 7 Mile Rd
46.2	↗	Keep right

33.3 miles. +642/-603 feet



Dist	Type	Note
48.2	↑	At roundabout, take second exit to continue straight on 7 Mile Road
49.3	↑	Continue onto Angle Road
50.3	↙	Slight left onto Six Mile Road
50.5	→	Right onto Curtis Road
50.5	i	Rest Stop Ahead
50.7	→	Right on Oak Knoll Rd
50.7	→	Willow Greenhouse
50.8	→	Right onto Curtis Rd
53.1	→	Right onto North Territorial Road
55.5	↗	Keep right
55.6	←	At roundabout, take third exit for southbound Pontiac Trail
56.0	←	Left onto North Dixboro Road
59.5	→	Right onto Plymouth Road
60.4	→	Right onto Earhart Road
61.4	→	Right
61.5	📍	End of route

15.3 miles. +470/-483 feet

## Deby Henneman

---

**From:** Aaron Gingras <agingras@event360.com>  
**Sent:** Wednesday, February 26, 2025 12:57 PM  
**To:** Deby Henneman  
**Cc:** Megan Paul; Clerk  
**Subject:** RE: Tour De Cure Application Link - June 7, 2025 Event Date on Lakelands Trail - Heads up regarding Huron 100 Event the same day  
**Attachments:** ADA25\_TCMI Route Signage Summary.pdf; ADA25\_TC\_DuctTape Marking Example.pdf; ADA25\_TCMI\_63-5mi\_-\_Permits\_Pending\_v2.pdf

Hi Deby,

Thank you so much for your time on the phone yesterday! Sgt Megan, it's great to meet you.

I have drafted the application but have one quick question before I'll be able to go grab that signature.. Can you share in a reply to this email the COI requirements (ie: liability (or other type), amount if other than \$1million per occurrence, and the specific language you would like to see re: additional insured)? I'll need to confirm those details so that I can share out with our broker.

An additional thank you, for sharing the Huron group's detail. Upon further review, it looks like we will see about 2.5mi of 'route overlap' at a point that is 47miles into their run, and about 30miles into our bike ride. I have no concerns about route congestion – I'd anticipate both groups to be very dispersed that far along in each route. I have made a note on my end to focus a few of our volunteer flaggers at the point where we enter the Lakelands Trail (where we 'meet-up' with the run) and then again where their Huron runners exit the trail (where we 'keep going' on the trail). Let me know if there are any concerns on your end, but I'm feeling great now that we've connected.

While have you – While this detail will also be captured in the application, I wanted to share out the below information here, too – so you have it on hand between now and when the app is complete.

- American Diabetes Association's Tour de Cure bike ride
- Rules-of-the-road, non-timed
- June 7 Event date
  - o We anticipate approx. 50-75 riders to ride through Hamburg township utilizing approx. 7.8miles on the Lakelands Trail, Hamburg Rd, Sheldon Rd, Hall Rd, and Eight Mile W.
  - o First riders are expected to reach Hamburg at approx. 10:15AM. All riders off route by 2PM.
- June 5-6: Event route signage deployed (wire h-frame / 'yardsign' style with color coded tabbed duct tape arrows)
  - o Our route team of 6 staff will be tasked with route cleanup behind our last rider on event day.

Please see attached for a PDF route map with turn-by-turn directions as well as route marking examples. Please see [THIS LINK](#) which will take you to our Ride With GPS route map.

Please let me know your thoughts on that COI requirements and I'll get that out for processing!  
Thanks again for connecting – I'm looking forward to working together to bring this event to life!

Aaron M Gingras (He/Him/His) | Event Production Coordinator | Event 360, Inc.

+1 872-895-7523 | [agingras@event360.com](mailto:agingras@event360.com) | [Event360.com](https://Event360.com)



**From:** Deby Henneman <dhennean@hamburg.mi.us>

**Sent:** Tuesday, February 25, 2025 4:56 PM

**To:** Aaron Gingras <agingras@event360.com>

**Cc:** Megan Paul <mpaul@hamburg.mi.us>; Clerk <clerk@hamburg.mi.us>

**Subject:** Tour De Cure Application Link - June 7, 2025 Event Date on Lakelands Trail - Heads up regarding Huron 100 Event the same day

**Importance:** High

You don't often get email from [dhennean@hamburg.mi.us](mailto:dhennean@hamburg.mi.us). [Learn why this is important](#)

Hi Aaron:

Attached is the application for Huron 100 for your reference, which includes their anticipated route. I am copying Sgt. Megan Paul on this email as she is our Community Safety liaison and will be your point of contact for your event should you have any need for Public Safety presence.

You will find our application on our website here:

[https://www.hamburg.mi.us/departments/parks\\_and\\_recreation/index.php](https://www.hamburg.mi.us/departments/parks_and_recreation/index.php) under the forms tab. You will want to use the Long Form application and you can fill out what pertains to your event, returning it with a route and details. We will also need a copy of your GL policy with an Additional Insured clause naming Hamburg Township.

I'm sorry your information didn't make it to me originally and glad we finally connected. If you could reply all when you return your information, I would appreciate it. That way everyone gets the info we need to move forward with your approval. If Sgt. Paul has any questions or concerns, she will reach out directly to you once we receive your application.

Thanks again,

Deby Henneman, ADAC  
Hamburg Township Coordinator  
Parks, ADA, Grants, Ordinances  
(810) 222-1124  
[dhennean@hamburg.mi.us](mailto:dhennean@hamburg.mi.us)

*Please note: The Hamburg Township Offices are closed on Fridays*