



## 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): East Michigan Panthers

Name of Event: soccer pratics and games

Type of Event: soccer practices and games Park Use Category #: Select One

Applicant Name: Kathleen Marshall

Date(s) of Event: various from 4-1-2026 through 5-19-2026 Time(s) of Event: typically 4-8 pm

Applicant Address: 5574 Richardson Rd. Suite or Apt #: \_\_\_\_\_

Applicant City: Howell State: MI Zip: 48843

Contact Person (present during use): Kathleen Marshall

Contact's Affiliation with Applicant: Administrator

Contact's Phone: 586-224-0114 Contact's E-Mail: kathiemarshall777@gmail.com

Event Co-applicant, if any: Clare Kosmalski

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

Co-applicant relationship to Applicant: Athletic Director

Co-applicant's phone: 734-604-1545

#### Insurance Information:

Insurance Carrier: k&k insurance

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

Policy #: 9YAPG0001334486101 Expiration Date: 5-31-2026

Limit of General Liability: 1,000,000 Occurrence 1 Aggregate \_\_\_\_\_

Umbrella Coverage Limit (if any): \_\_\_\_\_ Occurrence \_\_\_\_\_ Aggregate \_\_\_\_\_

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

Please describe the event you propose to host: soccer practices for our Junior High team and our Varsity team  
soccer games

Total Number of participants/spectators/guests anticipated during event: practices: ~30-32 games: ~75-80

Average of participants/spectators/guests anticipated at any given time: 40

Site of Proposed Event; include all areas of the parklands that will be used: Bennett Park West (soccer fields)

*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: n/a

Number of Volunteers: 3-4 Are Volunteers trained?: yes  
*Please attach copy of Volunteer Handbook if applicable*

Will tents be used?: no If so, please indicate locations: n/a

*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? no

Will Food/Beverages be served? If so, types of food and name of persons serving: concessions only at  
spirit night. Just snacks and drinks.

*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: no

*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: no

*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: no

*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: no

*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: no

*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: mowing done weekly and line striping kept fresh  
throughout the season for games - fields H2 and H6

Other information regarding your event that you feel may be helpful: none

## 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:

## 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: km

**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<sup>3</sup> 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: km

Applicant's Signature: \_\_\_\_\_ Date: 1-19-26

Co- applicant's Signature: \_\_\_\_\_ Date: 1-19-26

Parks Coordinator:  \_\_\_\_\_ Date: 1-21-26

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**For office use only**

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

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

Application has been (Circle one)



Approved



Denied

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



In further consideration of entering into this agreement, to the fullest extent permitted by law, the Applicant agrees to defend, pay, settle, compromise, or otherwise satisfy 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.

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Initials: km

Applicant's Signature: Kathy Marshall Date: 1-19-26  
Co-applicant's Signature: Clare Kosmicki Date: 1-19-26  
Parks Coordinator: [Signature] Date: 1-21-26

### For office use only

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

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

Application has been (Circle one)



Approved



Denied

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



## Deby Henneman

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**From:** Kathie Marshall <kathiemarshall777@gmail.com>  
**Sent:** Saturday, January 17, 2026 10:19 AM  
**To:** Deby Henneman  
**Cc:** Clare Kosmalski; Kristen Cella  
**Subject:** Dates for Spring

Hi Deby,

Below are the dates that East Michigan Panthers needs for this spring. I will look for that form you always need to remind me about and get that done asap!

Hope you're doing well,  
Kathie

April 9 6-8 pm H2 ✓

April 10 4:30-6:30 H2 ✓  
5:30-7:30 H6 ✓

April 13 5-7 pm H6 ✓  
6-8 pm H2 ✓

April 14 6-8 pm H2 ✓

April 21 6-8 pm H2 ✓

April 24 4-6 pm H2 ✓  
5-7 pm H6 ✓

April 27 6-8 pm H2 ✓

April 28 6-8 pm H2 ✓

April 30 4:30-6:30 H2 ✓  
6-8 pm H6 (or any field for practice) ✓

May 5 6:30-8:30 pm H2 ✓

May 7 6:30-8:30 pm H2 ✓

May 12 6:30-8:30 pm H2 ✓

May 14 4-6 pm H2 ✓  
5-7 pm H6 ✓

May 18 4:30-8:30 H2 ✓



4:30-8:30 H6

May 19 4-6 pm H2  
5-7 pm H6



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/20/2025

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> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	<b>CONTACT NAME:</b> Mass Merchandising Underwriting <b>PHONE (A/C, No, Ext):</b> 1-800-426-2889 <b>FAX (A/C, No):</b> 1-260-459-5105 <b>E-MAIL ADDRESS:</b> info@sportsinsurance-kk.com <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b> East Michigan Panthers 5574 Richardson Rd. Howell, MI 48843 A Member of the Sports, Leisure & Entertainment RPG	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td><b>INSURER A:</b> AIG Specialty Insurance Company</td><td>26883</td></tr><tr><td><b>INSURER B:</b></td><td></td></tr><tr><td><b>INSURER C:</b></td><td></td></tr><tr><td><b>INSURER D:</b></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> AIG Specialty Insurance Company	26883	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES****CERTIFICATE NUMBER:** W02991065**REVISION NUMBER:**

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		9YAPG0001334486101	05/31/2025 12:01 AM EDT	05/31/2026 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000
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 <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII			9YAPG0001334486101	05/31/2025 12:01 AM EDT	05/31/2026 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	<input type="checkbox"/> <b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			9YAPG0001334486101	05/31/2025 12:01 AM EDT	05/31/2026 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$100,000

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

Legal Liability to Participants (LLP) limit is a per occurrence limit.

Sport(s): Soccer Youth Age(s): 12 and under, 13-15, 16-19

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

See Attached Additional Remarks Schedule

**CERTIFICATE HOLDER**Hamburg Township Parks & Recreation  
10405 Merrill Rd.  
Whitmore Lake, MI 48139  
(Owner/Lessor of Premises)**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

Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



**ACORD**<sup>TM</sup>

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		NAMED INSURED East Michigan Panthers
POLICY NUMBER 9YAPG0001334486101		
CARRIER AIG Specialty Insurance Company	NAIC CODE 26883	EFFECTIVE DATE: 05/31/2025

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE Certificate of Liability Insurance

Sport(s): Soccer Youth

Limited Coverage for "Neurodegenerative Injury" endorsement applies. Neurodegenerative Injury Limit: \$1,000,000 occurrence/\$1,000,000 aggregate; Neurodegenerative Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/\$1,000,000 aggregate. "Neurodegenerative Injury" means concussion, chronic traumatic encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
Hamburg Township Parks & Recreation 10405 Merrill Rd. Whitmore Lake, MI 48139
Named Insured: East Michigan Panthers
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.