



Hamburg Township Manly Bennett Park

Park Use Application

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

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 pratices 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: kathimarshall777@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 compliance3 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

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, 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.

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Initials: km

Applicant's Signature: Kathy Marshall Date: 1-19-26

Co- applicant's Signature: Clare Kosmelli Date: 1-19-26

Parks Coordinator: Kathy Marshall 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

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 CONFFERS 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).

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

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" 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	AUTOMOBILE LIABILITY				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)						
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	N/A					EACH OCCURRENCE						
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE						
	DED <input type="checkbox"/>	RETENTION												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE <input type="checkbox"/> OTHER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N							E.L. EACH ACCIDENT						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE – EA EMPLOYEE						
								E.L. DISEASE – POLICY LIMIT						
A	MEDICAL PAYMENTS FOR PARTICIPANTS				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

Scott Farnam

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

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

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.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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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

Name Of Additional Insured Person(s) Or Organization(s)	
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.