



10405 Merrill Road  
P.O. Box 157  
Hamburg, MI 48139  
(810) 231-1000  
[www.hamburg.mi.us](http://www.hamburg.mi.us)

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**TO:** Hamburg Township Board of Trustees

**FROM:** Deby Henneman, Township Coordinator

**DATE:** March 27, 2024

**AGENDA ITEM TOPIC:** Parks & Rec – Livingston County Concert Band - 2024 Community Concert

Number of Supporting Documents: **1 Application & COI**

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### **Requested Action**

Approval of the Park Use request for the Livingston County Concert Band Summer Series Event to be held on June 25, 2024 as outlined in their application dated February 23, 2024, contingent upon on all required paperwork being submitted to the satisfaction of the Clerk's office, and that fees be waived due to the nature of the event.

### **Background**

The Livingston County Concert Band would like to return to Manly Bennett for their free Outdoor Concert on June 25, 2024. Concert will be at 7 PM, with a 6PM setup, and will end at dusk. There is no charge for the public to attend this event, but donations are welcome.

- This use won't require a review by the Public Safety Committee
- This use will cause the need for a BLACKOUT DATE – June 25, 2024 (East Park/evening only)
- Park Fees for this user are suggested at 0
- The concert takes place near the concession stand in East Park

### **Attachments**

- Park Use Application with current Certificate of Insurance

### **Park Committee Motion**

Motion was made at the 3/26/24 Parks & Recreation Committee meeting to approve the Park Use Request for the Livingston County Concert Band Summer Series Concert, to be held in Manly Bennett Park on June 25, 2024.



Hamburg Township Manly Bennett Park  
Park Use Application

P.O. Box 157  
10405 Merrill Road  
Hamburg, Michigan 48139-015  
(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): Livingston County Concert Band  
Name of Event: Free outdoor Concert  
Type of Event: free outdoor concert Park Use Category #:            Select One  
Applicant Name: Laura Hogan - LCCB Board President  
Date(s) of Event: June 25, 2024 Time(s) of Event: 7pm-dusk (set up 6pm)  
Applicant Address: P.O. Box 774 Suite or Apt #:             
Applicant City: Howell State: MI Zip: 48844  
Contact Person (present during use): Laura Hogan  
Contact's Affiliation with Applicant: LCCB Board President  
Contact's Phone: 248-310-9241 Contact's E-Mail: livingstoncountyconcertband@gnmail.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: Northland Insurance  
*Certificate of Insurance must be provided by all applicants as outlined in Appendix B in the Park Facility Use Policy.*  
Policy #: A490494 Expiration Date: 9/1/24  
Limit of General Liability: see attached Occurrence            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: Band performs free outdoor concerts on Tuesday evenings throughout Livingston County during the summer months. We play popular tunes, marches, light summer music.

Total Number of participants/spectators/guests anticipated during event: band - 70 audience?

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

Site of Proposed Event; include all areas of the parklands that will be used: Manly W. Bennett Park - near concession stand

*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: NA

Number of Volunteers: NA Are Volunteers trained?: NA  
*Please attach copy of Volunteer Handbook if applicable*

Will tents be used?: NA If so, please indicate locations: NA

*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: NA

*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: Audience members may bring pets

*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: NA

*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: Some band members will need to drop off large instruments close to set up  
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: NA

Other information regarding your event that you feel may be helpful: We bring our own chairs, stands, sound equipment. We

### 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:

NA

### 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: \_\_\_\_\_

**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: \_\_\_\_\_

Applicant's Signature: Laura J Hogan Date: 2/23/24

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

Parks Coordinator: [Signature] Date: 3/13/24

**For office use only**

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

Meeting Approval Dates: 3/22/24 Parks & Recreation N/A Public Safety \_\_\_\_\_ Township Board

Application has been (Circle one)  Approved  Denied

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



LIVICOU-38

DBRZUCHOWSKI

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/26/2024

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> Hartland Insurance Agency, Inc. PO Box 129 Hartland, MI 48353	<b>CONTACT NAME:</b> Deanna Brzuchowski	
	<b>PHONE (A/C, No, Ext):</b> (810) 632-5161 224	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> Deanna@hartlandinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> National Specialty Ins a Division of West Bend Mutual Ins Company		<b>15350</b>
<b>INSURED</b>  Livingston County Concert Band 987 Oak Creek Drive South Lyon, MI 48178	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:			A490494	9/1/2023	9/1/2024	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	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N   N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

<b>CERTIFICATE HOLDER</b>  Hamburg Township 10405 Merrill road Hamburg, MI 48139	<b>CANCELLATION</b>  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 <i>Deanna Brzuchowski</i>
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