

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

TO: Township Board

**FROM:** Deby Henneman, Township Coordinator

**DATE:** February 23, 2024

**AGENDA ITEM TOPIC:** Park Approval – Hamburg Flyers RC Club – Airshow

Number of Supporting Documents: 1 Application Packet

### **Requested Action**

Approval of application dated February 8, 2024 be approved as submitted for the Hamburg Flyers RC Club Airshow Event, with the contingency that a Certificate of Insurance naming Hamburg Township as Additional Insured be provided, that the Clerk Department be provided all requested documents to their satisfaction, and that use will be subject to blackout dates. A waiver of fees is requested due to the nature of the event as it is free and open to the public. Use also contemplates signage as allowed by the Park Use Policy.

### **Background**

The applicant anticipates up to 200 participants/spectators for this event which is open to the public. Any food vendors hired will provide copy of their insurance and food license. Due to the low numbers a Public Safety review is not required.

All RC activity is monitored by this group on behalf of the Township and Liability for this activity is covered by their provided Insurance.



# 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 I	nformation:
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Event Sponsor (or name if family or individual use): Hamburg Flyers	RC Club, Inc.	
Name of Event: Hamburg Flyers RC Club, Inc. Air Show		
Type of Event: Aeronautics	Park Use Category	#: 2 - Qualified User
Applicant Name: Hamburg Flyers RC Club, Inc.		
Date(s) of Event: Aug1@rain date Aug #1 2024	_ Time(s) of Event: Noor	n -5:00
Applicant Address: Manley Bennett Airport 10405 Merrill Rd.	Suite or Apt #:	
Applicant City: Hamburg	State: MI	_ Zip: 48139
Contact Person (present during use): Eugene Doncea		
Contact's Affiliation with Applicant: President		
Contact's Phone: 734-637-3571 Contact	ct's E-Mail: E8D68@aol.co	om
Event Co-applicant, if any:		
Co-applicant's phone:		
Insurance Information: Insurance Carrier: See attache	d	
Certificate of Insurance must be provided by all applicants as outlined in Appendix B in the Park Facility Policy #:  Ex		33 24
Limit of General Liability: TBD	Occurrence	Aggregate
Umbrella Coverage Limit (if any):	Occurrence	Aggregate

Event Description: (any information that doesn't pertain to your event please indicate not applicable)  501(c)3 nonprofit activities. The purpose is to dev  Please describe the event you propose to host:	elop, educate,
advance and safeguard modeling and aeronautical activities. This is to include, but not limited too, B	Buddy Box,
educational seminars, community education an awreness	
Total Number of participants/spectators/guests anticipated during event:1-200 +/-	
Average of participants/spectators/guests anticipated at any given time:	200 4-
Site of Proposed Event; include all areas of the parklands that will be used:  Manley Bennett Airport	
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: 1-100 +/-  Please attach copy of Volunteer Handbook if applicable  Yes  Are Volunteers trained?:	
Yes Will tents be used?: If so, please indicate locations:	
Manley Bennett Airport	
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:	
Parking fee charged? If so, how much:Valet service available?	No
Will Food/Beverages be served? If so, types of food and name of persons serving:	
For anything other than pre-packaged foods, Concession Application, Health Department License and Products Liability of	coverage is required.
Will there be Fireworks or any other pyrotechnic display? If so, describe:	
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:	
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:	
Insurance requirements to be established during the event review process as stated in Appendix B of the Park Facility Use	Dollan

Will there be a need for vehicles to be used on Township grounds? If so, describe: Yes. Member and guest
personal vehicles driven to and from the site.
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: _Yes. Lawn and maintance service.
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:

## 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 info9rmation 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.

<u>Personal Property Damage Claims</u>: 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: 50

<u>Public Health & Safety</u>: 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.

Applicant's Signature: Eugen Don	Date: 2/8/24							
Co- applicant's Signature:	Date:							
Parks Coordinator: Date: Date: For office use only								
Comments:								
Meeting Approval Dates: 2 2 Parks & Rec	creation N Public Safety Township Board							
Application has been (Circle one) Approv	ved O Denied							
Hamburg Township Representative:								



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/19/2023

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 partition of the policy is the policy of such endorsement(s)

th	is ce	ROGATION IS WAIVED, subject ertificate does not confer rights to	o the	cert	ificate holder in lieu of s	uch end	dorsement(s)	).	equite un endorsement		tement on
PRODUCER						NAME:			FAY		
FNIC P.O. Box 45279				PHONE (A/C, No, Ext): 402-861-7000 (A/C, No): E-MAIL							
On	lana	NE 68145				ADDRES		SURER(S) AFFOR	RDING COVERAGE		NAIC#
						INSURE		Inion Insurance			27960
INSURED Academy of Model Aeronautics, Inc.					INSURE		THOI HICKORY	o company		21000	
					INSURER C:						
		iliated &/or Associated Chartere Chapters & Members Thereof	be			INSURER D :					
		. Memorial Drive				INSURER E :					
		IN 47302				INSURER F:					
CO	VER	AGES CER	TIFK	CATE	E NUMBER: 1145832157						
IN	IDICA'	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY F ISIONS AND CONDITIONS OF SUCH F	QUIR	REME!	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT  D HEREIN IS SUBJECT TO	CT TO V	VHICH THIS
NSR			ADDL	SUBR	1		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		s	
A		COMMERCIAL GENERAL LIABILITY	Y	Y	G22011534018		3/31/2023	3/31/2024	EACH OCCURRENCE	Andrew Control of the	
		CLAIMS-MADE X OCCUR			3.33.103.103.103				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
									MED EXP (Any one person)	\$0	
									PERSONAL & ADV INJURY	\$ 1,000,	,000
	GEN	"L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 1,000,	,000
		POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$ 1,000,	.000
		OTHER:								\$	
		OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY AUTOS ONLY							(Fel accident)	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION\$								s	
	WOR	KERS COMPENSATION							PER OTH- STATUTE ER		
	ANYP	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s	
	OFFIC	CER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If ves.	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	
A		ess Liability	Y	Y	G22011546018		3/31/2023	3/31/2024	Limits per Occ General Aggregate	\$1,500 \$4,000	
Har	mburg	ION OF OPERATIONS / LOCATIONS / VEHICL g Township is an additional insured ferrill Rd. Club: 1454 Hamburg Flye	, prin	mary a	and non-contributing as re-	ule, may be spects to	e attached if more	e space is requir nal insured si	ed) te owner. Location: Manle	y W. Be	nnett Parl
CERTIFICATE HOLDER  Hamburg Township						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.					
PO Box 157 Hamburg MI 48139						AUTHORIZED REPRESENTATIVE					

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