



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:** February 22, 2024

**AGENDA ITEM TOPIC:** Park Use Application – PHBSA 2024 Season (Baseball)

Number of Supporting Documents: **1 Park Use Application**

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### **Requested Action**

**To recommend approval of the Park Use Application dated February 5, 2024 for PHBSA's Baseball/Softball Seasonal Use for 2024, for dates/diamonds to be scheduled with the Park Coordinator between April 1 and July 31, 2024, contingent that the Clerk Department be provided all requested documents to their satisfaction, that use will not be allowed during Blackout Dates, and that fees be charged based on current fee schedule.**

### **Background**

Application has been received and includes seasonal use for all activities such as Softball, Baseball, and T-Ball, including tryouts. Opening Day activities are considered an event use, and are covered under a separate application.

This application contemplates use of the concession stand for storage purposes only, as concessions require a separate approval process and Health Department Certificate. Any outside vendors brought on site must be approved by way of a Tent Permit Application and Fire Inspection.

The club's use will need to be scheduled around the approved Blackout dates, which have been distributed and are on the digital calendar found on our website.

This club is considered a Recognized Sports Group under the current fee schedule, and will be charged \$5.00 per resident, and \$10.00 per non-resident as a flat rate for their seasonal use. 2023 Roster included 162 Residents, 135 Non-Residents, for a total of \$2,160.00.

Non-recognized users are charged \$25.00/2hr rate per use.

**Parks and Recreation Committee approved this use at their February 20, 2024 meeting.**



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): \_\_\_\_\_

Name of Event: Pinckney Hamburg Baseball and Softball Association

Type of Event: Youth baseball/softball season Park Use Category #: Select One 4-event use

Applicant Name: PHBSA

Date(s) of Event: April 1st - July 31st Time(s) of Event: 8pm - 8pm *- will need actual schedule*

Applicant Address: PO Box 813 Suite or Apt #: \_\_\_\_\_

Applicant City: Hamburg State: MI Zip: 48139

Contact Person (present during use): Chris Schell

Contact's Affiliation with Applicant: President PHBSA

Contact's Phone: 989-954-9928 Contact's E-Mail: cschell11-tsm@gmail.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: United States Liability Insurance Company

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

Policy #: NPP1627114 Expiration Date: 1-19-25 *- need copy ASAP*

Limit of General Liability: 2,000,000 Occurrence 1,000,000 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: We run a local youth  
baseball and softball league

Total Number of participants/spectators/guests anticipated during event: 350

Average of participants/spectators/guests anticipated at any given time: 200

Site of Proposed Event; include all areas of the parklands that will be used: Barkhill Complex  
Field 2-B with scheduled use of BI  
or a set schedule so we know when we

*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

can  
plug use  
in.

Number of Volunteers: 20 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? no

Will Food/Beverages be served? If so, types of food and name of persons serving: no

*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: yes, we  
use utility vehicles to prep the fields  
*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: no - Gravel?  
Weed control & lawn care. Garbage removal. Portable toilets

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 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: CS

**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: CS

Applicant's Signature: Chris Seel Date: 2-5-24

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

Parks Coordinator: [Signature] Date: 2/12/24

**For office use only**

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

Meeting Approval Dates: 2/20/24 Parks & Recreation N/A Public Safety \_\_\_\_\_ Township Board

Application has been (Circle one)  Approved  Denied

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2023

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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Jessica Calvin	
STERLING INSURANCE GROUP		PHONE (A/C, No, Ext):	FAX (A/C, No):
7100 Jackson Rd. Ste 300		E-MAIL ADDRESS: jessica@sterlingagency.com	
Ann Arbor MI 48103		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Michigan Millers	
INSURED		INSURER B :	
Pinckney Hamburg Baseball Softball Association		INSURER C :	
Po Box 213		INSURER D :	
Hamburg MI 48139		INSURER E :	
		INSURER F :	


**COVERAGES**                      **CERTIFICATE NUMBER:** 22-23 Master                      **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	Y		C0540350	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
							OTHER: \$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
		<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input type="checkbox"/>	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					OTHER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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)

Certificate Holder is added as additional insured with respects to the general liability arising out of the acts of the named insured.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Hamburg Township Parks & Recreation PO Box 157  Hamburg MI 48139	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 

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