



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

## **Memorandum**

Date: February 13, 2023

To: Parks & Recreation Committee

From: Deby Henneman, Parks Coordinator

Re: East Michigan Panthers

Soccer Field Use – 2023 Season – Use from April 1 through Nov 15, 2023

Field to be assigned administratively – Shared use of H2

We are in receipt of a Park Use Application from East Michigan Panthers for their Homeschool sports. They are charged at an hourly rate and invoices will be sent by the Parks Coordinator at the end of each month of use. The applicant will be required to provide a renewal in May for their proof of insurance, with the Township included as Additional Insured.

Should this application be recommended for approval, it should be done so based on the application from East Michigan Panthers dated 1/25/23 as provided in the packet, contingent on a renewal Certificate of Insurance naming Hamburg Township as Additional Insured, that the Clerk Department be provided all requested documents to their satisfaction, and that no use be allowed during Blackout Dates.

Based on the current Park Use Fee Schedule, their rates would be \$25.00 per 2-hour block and will require scheduling with the Park Coordinator.

**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 games/soccer practices

Type of Event: High school and youth soccer teams Park Use Category #: 2 - Qualified User

Applicant Name: Kathie Marshall

Date(s) of Event: Multiple dates in April and May — To be scheduled Time(s) of Event: ranges from 4:00 pm to 8:00 pm

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

Applicant City: Howell State: MI Zip: 48843

Contact Person (present during use): Doug Marshall

Contact's Affiliation with Applicant: Spouse

Contact's Phone: 734-478-8774 Contact's E-Mail: dmarshall8821@gmail.com

Event Co-applicant, if any: n/a

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

Co-applicant relationship to Applicant: \_\_\_\_\_

Co-applicant's phone: \_\_\_\_\_

**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 #: 6BRPG0000007788000 Expiration Date: 5-31-2023

Limit of General Liability: 5,000,000 Occurrence 1,000,000 Aggregate \_\_\_\_\_

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

Please describe the event you propose to host: Soccer team practices for high school and girls

Total Number of participants/spectators/guests anticipated during event: practices: 20 games: 75

Average of participants/spectators/guests anticipated at any given time: 20-25 most of the time

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: no

Number of Volunteers: 4-5 per event Are Volunteers trained?: no  
*Please attach copy of Volunteer Handbook if applicable*

Will tents be used?: no If so, please indicate locations: \_\_\_\_\_

*Under no circumstances are test stakes to be driven into asphalt surfaces. Test 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: 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: just line striping during course of season

Other information regarding your event that you feel may be helpful: n/a

### 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.

of, specifically, shall remain liable to a claimant, or otherwise, for damages 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 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: *Keith Marshall* Date: 1-25-2023

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

Parks Coordinator: *[Signature]* Date: 2/8/23

**For office use only**

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

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

Application has been (Circle one)  Approved  Denied

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/27/2022

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>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> KK.General@kandkinsurance.com	
	<b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> East Michigan Panthers 5574 Richardson Rd. Howell, MI 48843 A Member of the Sports, Leisure & Entertainment RPG	<b>INSURER A:</b> Nationwide Mutual Insurance Company 23787	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

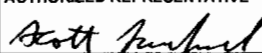
**COVERAGES** **CERTIFICATE NUMBER:** W02207116 **REVISION NUMBER:**

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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6BRPG0000007788000	05/31/2022 12:01 AM EDT	05/31/2023 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"/> AUTOMOBILE LIABILITY <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 checked="" type="checkbox"/> NOT PROVIDED WHILE IN HAWAII			6BRPG0000007788000	05/31/2022 12:01 AM EDT	05/31/2023 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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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 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	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			6BRPG0000007788000	05/31/2022 12:01 AM EDT	05/31/2023 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  
 See Attached Additional Remarks Schedule

<b>CERTIFICATE HOLDER</b> Evidence of Coverage	<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 
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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

AGENCY K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		NAMED INSURED East Michigan Panthers	
POLICY NUMBER 6BRPG0000007788000			
CARRIER Nationwide Mutual Insurance Company	NAIC CODE 23787	EFFECTIVE DATE: 05/31/2022	

**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 "Brain Injury" endorsement applies. Brain Injury Limit: \$1,000,000 occurrence/\$1,000,000 aggregate; Brain Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/\$1,000,000 aggregate. "Brain 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.