

TO: Township Board of Trustees

FROM: Deby Henneman, Township Coordinator

DATE: March 13, 2025

AGENDA ITEM TOPIC: Park Use Approval – EP All BB Diamonds – Legacy Silver Slam BB Tourney – May 16-18, 2025
Number of Supporting Documents: **1 Application Packet, 1 Layout Map**

Requested Action

Recommend approval of application for Legacy Silver Slam I Baseball Tournament, submitted 2/19/25, with the following contingencies:

- **A Certificate of Insurance naming Hamburg Township as Additional Insured be provided**
- **The Clerk Department be provided all requested documents to their satisfaction**
- **That the Township Board establish Park Fees for event and allow credit for in-kind, if any**
- **That sanitary services be arranged by Township staff, and costs paid by the applicant**

Background

This is a new event being proposed by Legacy Center, who has been a wonderful partner to Parks & Recreation and very responsive to our requests for help. I have double-checked the proposed dates with PHBSA, who have advised they do not need the fields for these dates.

I am in the process of discussing immediate maintenance needs for both the Ball diamonds as well as the soccer fields, and I hope to have an in-kind proposal to bring to the board shortly. This approval should contemplate a way to provide credit toward park fees if in-kind donations are made with either materials or services.

Current per field/per 2-hour rate is \$35.00

Daily Park Use Fee rate for partnering group, low hazard is \$375.00, non-partnering \$750.00

I have attached a map of our field layout for reference. Applicant is proposing use of fields B1-4 only.

Draft Motions

Parks & Recreation – February 25, 2025 – 3:30 p.m.

Motion by Dolan, supported by Muck, to recommend approval of the Legacy Silver Slam for May 16-18, 2025 as presented in application dated February 19, 2025 contingent on a Hazard Level being set by Public Safety, that our vendor be used for sanitary services and applicant be charged any costs associated with their event, and that the Clerk Department be provided with all requested documents.

Ayes 3 (Absent: McCabe, Auxier)

Motion Passed

Public Safety – March 5, 2025 – 3:00 p.m.

Motion by Hohl, second by Hughes, based on recommendation from the Public Safety Director that this event be established as a Low hazard event.

Passed unanimously

Current fees can be found at:

[https://library.municode.com/mi/hamburg_township_\(livingston_co.\)/codes/code_of_ordinances?nodeId=PTIITOAP_APXAHATOADFESC_ARTIISPFE_S1-20DEPARE](https://library.municode.com/mi/hamburg_township_(livingston_co.)/codes/code_of_ordinances?nodeId=PTIITOAP_APXAHATOADFESC_ARTIISPFE_S1-20DEPARE)



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 Information:

Event Sponsor (or name if family or individual use): _____

Name of Event: Legacy Silver Slam I

Type of Event: Baseball Tournament Park Use Category #: 4 - Event Use

Applicant Name: Legacy Center Sports Complex

Date(s) of Event: May 16-18 ✓ Time(s) of Event: Starts 5/16 6 pm ends 5/18 6 pm

Applicant Address: 9299 Goble Drive Suite or Apt #: _____

Applicant City: Brighton State: MI Zip: 48116

Contact Person (present during use): Ryan Ford

Contact's Affiliation with Applicant: Legacy Baseball Director

Contact's Phone: 248-568-7843 Contact's E-Mail: Rford@legacycentermichigan.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: To be provided

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

Policy #: _____ Expiration Date: _____

Limit of General Liability: _____ 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: Baseball tournament. We will take great care of your facility. 😊

We will adhere to and apply any rules you have or want to be in place.

We will always have a site director on hand at all times.

Total Number of participants/spectators/guests anticipated during event: 50 per game?

Average of participants/spectators/guests anticipated at any given time: 200 for four fields at a time

Site of Proposed Event; include all areas of the parklands that will be used: _____

Just the four fenced in baseball fields B1-4 no T'Ball

Limit parking to EP Lot, Gravel & Event area

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: _____ Are Volunteers trained?: _____
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: Undecided at this time

Parking fee charged? If so, how much: _____ Valet service available? _____

Will Food/Beverages be served? If so, types of food and name of persons serving: _____

We will not sell food on your site. If you want to sell to benefit your programs you can do so.

No concessions avail. Food trucks need permit

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: Usually no. Unless you allow dogs. -Not at events

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: We will prepare the fields

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: RF

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: RF

Applicant's Signature: Ryan Ford Date: 2/19/2025

Co- applicant's Signature: [Signature] Date: 2/20/25

Parks Coordinator: [Signature] Date: 2/20/25

For office use only

Comments: PHBSA not using fields

Meeting Approval Dates: 2/25/25 Parks & Recreation 3/5/25 Public Safety 3/18/25 Township Board

Application has been (Circle one) ☒ Approved ☐ Denied

Hamburg Township Representative: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2024

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 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 Kapnick Insurance Group 333 Industrial Dr Adrian MI 49221	CONTACT NAME: Amy Reidy	
	PHONE (A/C, No, Ext): 517-263-4600 FAX (A/C, No): 517-266-6653	
INSURED Legacy Center, LLC Brighton Fit, LLC 9299 Goble Drive Brighton MI 48116	E-MAIL ADDRESS: amy.reidy@kapnick.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Accident Fund National Insurance Company	
	INSURER B: Guarantee Trust Life Ins. Co.	
	INSURER C: The Hanover Insurance Company	
	INSURER D: The Hanover Insurance Group, Inc.	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1561799084 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ZHHD082973	10/30/2024	10/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ZHHD082973	10/30/2024	10/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		U7HD082964	10/30/2024	10/30/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A		100068100	10/30/2024	10/30/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Accident/Medical		214-121-434-H	10/30/2024	10/30/2025	Limit \$25,000

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

CERTIFICATE HOLDER

Hamburg Township Parks and Recreation PO Box 157 Hamburg MI 48139	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
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DATE (MM/DD/YYYY)

10/22/2024

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	E-MAIL ADDRESS: amy.reidy@kapnick.com		
INSURED Legacy Center, LLC Brighton Fit, LLC 9299 Goble Drive Brighton MI 48116	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Accident Fund National Insurance Company		12305
	INSURER B : Guarantee Trust Life Ins. Co.		64211
	INSURER C : The Hanover Insurance Company		22292
	INSURER D : The Hanover Insurance Group, Inc.		22292
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 1737727268 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ZHHD082973	10/30/2024	10/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		U7HD082964	10/30/2024	10/30/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
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B	Accident/Medical		214-121-434-H	10/30/2024	10/30/2025	Limit \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Hamburg Twp. is Additional Insured to General Liability. Field Lining for West Bennett Park.

CERTIFICATE HOLDER**CANCELLATION**

Hamburg Twp. 10405 Merrill Rd 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 <i>James S. Kapnick</i>

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