



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 20, 2025

**AGENDA ITEM TOPIC:** Livingston Christian Schools – 2025 Seasonal Use of Soccer Fields – Primary H6

Number of Supporting Documents: **1 – Park Use Packet**

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### **Requested Action**

**Recommend approval of the Park Use Application for Livingston Christian Schools, as outlined in application dated 1/14/25, for 2025 soccer season activities, with fields to be scheduled through the Parks Department, subject to Blackout Dates and construction schedule, contingent on the following:**

- **Certificate of Insurance reflecting Hamburg Township as Additional Insured be received**
- **The Clerk Department is provided all requested documents to their satisfaction**
- **That applicant be charged the rate for field use as outlined in the Administrative Fee Schedule**

### **Background**

This applicant has been playing on our fields since 2019, and works well with the other groups who actively use the fields. The dates of their games/practices have already been entered into the calendar, primarily on field H6.

They have been made aware of the upcoming construction, the closure of field H8, as well as all Blackout Dates which prohibit them from using the fields. They have been patient as we transitioned from volunteer-maintained fields to the Township taking a more active role, sometimes assisting with striping or making repairs to nets over the years.

We now hire Legacy to provide the initial striping with their GPS guided robot at the beginning of each season, and have a vendor maintain those stripes for us throughout the year based on our usage calendar. We also plan to make upgrades to the goals and nets which are in poor condition.

Park fee revenues in 2024 for this user were approximately \$1,287.00, at a \$35.00 rate per field, for a 2-hour timeframe.



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): Livingston Christian Schools

Name of Event: LCS Soccer

Type of Event: Girls & Boys Soccer Practices/Games Park Use Category #: Select One

Applicant Name: Livingston Christian Schools

Date(s) of Event: Girls: March-May, Boys: Aug-Oct. 2025 Time(s) of Event: 4:00-6:00pm

Applicant Address: 7669 Brighton Rd. Suite or Apt #:

Applicant City: Brighton State: MI Zip: 48116

Contact Person (present during use): Jason Stiles

Contact's Affiliation with Applicant: Athletic Director

Contact's Phone: 517.861.6431 Contact's E-Mail: jstiles@livingstonchristianschools.org

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: Certificate on File with Township To be submitted

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

Policy #: Expiration Date: 6/1/24

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: Girls & Boys Soccer Practices/Games

Total Number of participants/spectators/guests anticipated during event: 20-100

Average of participants/spectators/guests anticipated at any given time: 20-100

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

*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: 2 Are Volunteers trained?: Yes

*Please attach copy of Volunteer Handbook if applicable*

Will tents be used?: Sports Team Tent 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? \_\_\_\_\_

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: N/A

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: JB

**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: JB

Applicant's Signature: [Signature] Date: 1/14/25

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

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

**For office use only**

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

Meeting Approval Dates: 2/25/25 Parks & Recreation [Signature] Public Safety 3/4/25 Township Board Consent

Application has been (Circle one)  Approved  Denied

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2023

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).

<b>PRODUCER</b> Trust Shield Insurance Group 452 N. Grand PO Box 699 Schoolcraft MI 49087		<b>CONTACT NAME:</b> Wendy Alley <b>PHONE (A/C, No, Ext):</b> (269) 649-1914 <b>E-MAIL ADDRESS:</b> walley@trustshieldins.com <b>FAX (A/C, No):</b> (269) 649-1942	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Citizens Insurance Co of Ameri	<b>NAIC #</b> 31534
		<b>INSURER B:</b> Hartford Fire Insurance Co	19682
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Livingston Christian Schools 7669 Brighton Road Brighton MI 48116			

**COVERAGES**

CERTIFICATE NUMBER: 23/24

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>			ZDI576706914	06/01/2023	06/01/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 15,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
OTHER:	GENERAL AGGREGATE			\$ 2,000,000				
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> OTHER:						PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			U71576906214	06/01/2023	06/01/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTHER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N		81WECBY9477	06/01/2023	06/01/2024	E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

RE: Use of Soccer Field @ Manley-Bennett Park

Hamburg Township is listed as additional insured as it pertains to General Liability and the use of the soccer field.

**CERTIFICATE HOLDER****CANCELLATION**

Hamburg Township 10405 Merrill Road 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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