



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

TO: Hamburg Township Board of Trustees

FROM: Deby Henneman, Township Coordinator

DATE: April 22, 2026

AGENDA ITEM TOPIC: Park Use Application – Legacy Center (Baseball Tournament)

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

Requested Action

Recommend approval of application for Legacy Silver Slam II Baseball Tournament, submitted 4/9/26, with the following contingencies:

- **Certificate of Insurance be amended to name Hamburg Township as Additional Insured**
- **The Clerk Department be provided all requested documents to their satisfaction**
- **That the Township Board allow credit for in-kind field maintenance, if any**
- **That applicant arrange for sanitary services/dumpster via our vendor and pay charges directly**
- **That this application cover regular seasonal use for 2026 for games/practices, and that the applicant may request scheduling of future dates/times based on availability, and charged at current rate**

Background

This is the same event which was approved last year but which didn't end up happening on our fields. Legacy Center has been very responsive to our requests for help as we navigate changes in volunteer availability and the changes in user group board members. I have double-checked the proposed dates with PHBSA, who have advised they do not have any conflicts with the requested dates.

The diamonds could use some TLC and Legacy Center is available to come over and assist us with their equipment and staff. They stated they could clean up the infield skin on the 4 fields which would be about a two-day job, with a 3–4-person crew. They estimate the cost to be around \$2,500.00, which doesn't include any gravel. We have a small amount of material on hand which is believed to be adequate for this season.

Event use daily rate for non-partnering is currently \$750.00 per day, which would be a total of \$3,000 for the 4 days they are requesting for Tournament use. I am also proposing that regular seasonal use be approved for them so I could schedule games or practices as the calendar allows for the \$35 per field/per 2-hour rate. Any other events would be submitted under a separate application.

Any outside vendors brought on site must be approved by way of a Tent Permit Application and Fire Inspection.



Hamburg Township Manly Bennett Park
Park Use Application

P.O. Box 157
10405 Merrill Road
Hamburg, Michigan 48139-0157
(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): Legacy Center Sports Complex

Name of Event: Legacy Silver Slam I and Legacy Silver Slam II

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

Applicant Name: Ryan Ford

Date(s) of Event: 5/16-5/17 and 5/30-5/31 *Tournament* Time(s) of Event: 8 am - 8 pm each day

Applicant Address: 9299 Goble Drive Suite or Apt #: *as well as regular seasonal use, if available*

Applicant City: Brighton State: MI Zip: 48116

Contact Person (present during use): Ryan Ford

Contact's Affiliation with Applicant: Baseball Director

Contact's Email: [Redacted]

Event Co-applicant, if any: Colin Boak

Co-applicant relationship to Applicant: Baseball Field Superintendent

[Redacted]

Insurance Information:

Insurance Carrier: *cert w/ A1 Clause To be submitted upon approval*

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: Both weekends we'd be running a baseball tournament on the
fields Fields 1-4

Total Number of participants/spectators/guests anticipated during event: Parents of players, 40 per field

Average of participants/spectators/guests anticipated at any given time: 12 per team, 24 on a field at a time

Site of Proposed Event; include all areas of the parklands that will be used: Just the baseball 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: 3-4 people on site at all times 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: _____

We will not be selling _____

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: We would follow your rules No pets

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 would be able to line and drag the fields before the games. We would ask you to have the grass mowed, and restrooms available if you have any.

Extra portable toilets & cleaning of our units will be applicant's responsibility. Also dumpster if needed.
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.

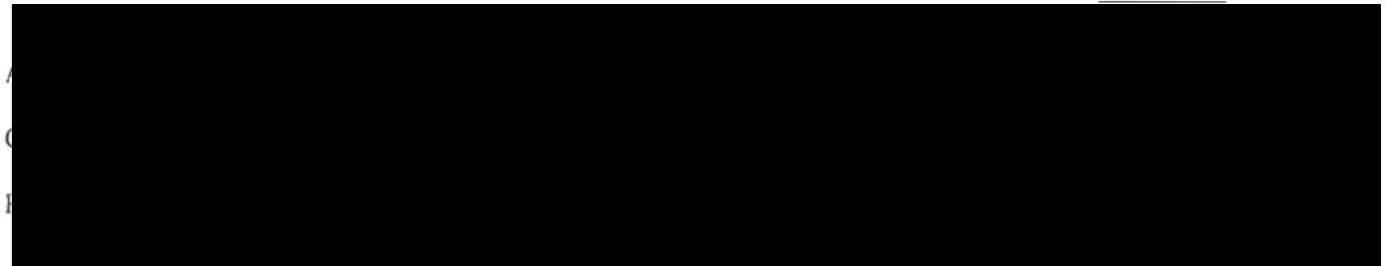
Any Applicant or group or entity co-hosting an event must provide a Certificate of Insurance naming Hamburg Township as an additional insured and proof of that coverage must be provided prior to the issuance of the permit for the event. The Applicant and/or co-host of any event must comply with all rules, 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: _____

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 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.

Initials: _____



For office use only

Comments: _____

Meeting Approval Dates: 4/28/20 Parks & Recreation _____ Public Safety _____ Township Board

Application has been (Circle one) Approved Denied

Hamburg Township Representative: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2025

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).

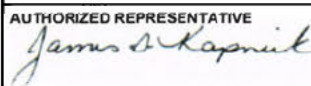
PRODUCER Kapnick Insurance Group 333 Industrial Dr Adrian MI 49221	CONTACT NAME: Amy Reidy PHONE (A/C): [REDACTED] FAX (A/C): [REDACTED] E-MAIL ADDRESS: [REDACTED]
	INSURER A: Accident Fund National Insurance Company NAIC # 12305 INSURER B: Guarantee Trust Life Ins. Co. NAIC # 64211 INSURER C: The Hanover Insurance Company NAIC # 22292 INSURER D: The Hanover Insurance Group, Inc. NAIC # 22292 INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 314616184 **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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER			[REDACTED]	10/30/2025	10/30/2026	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			[REDACTED]	10/30/2025	10/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			[REDACTED]	10/30/2025	10/30/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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			[REDACTED]	10/30/2025	10/30/2026	<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			[REDACTED]	10/30/2025	10/30/2026	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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