



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 County Catholic Charities

Name of Event: Special Ministries 5K Color Run

Type of Event: 5K Run Park Use Category #:            Select One

Applicant Name: Hailey Sluis - Director of Special Ministries

Date(s) of Event: October 3rd Time(s) of Event: 8am - 2pm

Applicant Address: 2895 W Grand River Suite or Apt #:           

Applicant City: Howell State: MI Zip: 48843

Contact Person (present during use): Hailey Sluis

Contact's Affiliation with Applicant: Director of Program

Contact's Phone: [REDACTED] Contact's E-Mail: [REDACTED]

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: Arthur J Gallagher Risk Management Service

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

Policy #: [REDACTED] Expiration Date:           

Limit of General Liability: 10,000,000 Occurrence 10,000,000 Aggregate

Umbrella Coverage Limit (if any): N/A 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: A Walk/Run 5K for Disabilities Awareness. Will use the trails around West Park.

Total Number of participants/spectators/guests anticipated during event: 30-50 ish

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

Site of Proposed Event; include all areas of the parklands that will be used: We would use Parking lot, trail, trail head, rest rooms, Pavillion

*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: 10-15 Are Volunteers trained?: \_\_\_\_\_

*Please attach copy of Volunteer Handbook if applicable*

Will tents be used?: Possibly If so, please indicate locations: may use at Starting Point if need for registration

*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: Water, Sports Drinks, Snacks

*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, maybe service animals only

*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: none

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:

Doing a 5K walk/Run for Disability Awareness

### 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: HB

**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: HB

Applicant's Signature:  Date: 4/23/26  
Co-applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parks Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**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)

6/5/2025

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 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> Arthur J. Gallagher Risk Management Services, LLC 300 S Riverside Plaza Ste 1500 Chicago IL 60606	<b>CONTACT NAME:</b> [REDACTED]
	<b>PHONE (A/C No. E):</b> [REDACTED]
<b>E-MAIL ADDRESS:</b> [REDACTED]	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Michigan Catholic Conference Livingston County Catholic Charities #5137 510 Capitol Avenue Lansing MI 48933	<b>INSURER A :</b> ACE American Insurance Company <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>MICHCAT-05</b>	<b>NAIC #</b> 22667

**COVERAGES**      **CERTIFICATE NUMBER:** 1304314748      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    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"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cyber Liability - Claims Made Retention:			[REDACTED]	7/1/2025	7/1/2026	Aggregate/Per Claim: \$5,000,000 Retention: \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The State Of Michigan, Its Departments, Divisions, Agencies, Offices, Commissions, Officers, Employees, And Agents Are Additional Insured On The General Liability And Auto Liability And There Is A Waiver Of Subrogation On The Workers Compensation.

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