



CITY OF LANSING PARKS SPECIAL EVENT PERMIT APPLICATION

Individual's Name Applying for License: Shane Thomas on behalf of boyscout troop 165 Date: 12/2/2024

Daytime Phone Number: 913-306-7857 Evening Phone Number: 913-306-7857

Business/Organization Name (if applicable): Boy scout troop 165

Address: _____
Street Address City State Zip Code

Event Location: Lansing Activity Center(108 S. Second St.) Willow Park(127 W. Gilman Road) City Park(400 N. 2nd Street)
 Highland Park(217 Highland) Kelly Grove Park(320 E. Gilman Road) Kenneth W. Bernard Park(15650 Gilman Road)
 Woodland Gazebo(150 Woodland) Angel Falls Trail

Description of Event: Boyscout anti- campout to have a winter event

Date(s) of Operation: 22-23 Feb2025 Hours of Operation: 1600-0900

Anticipated Attendance: 35 State Tax Numbers: _____ Federal Tax Numbers: _____


Description of any structures to be used in conjunction with event: Lansing Activity Center

All requests for exceptions to the regulations set forth in the Code of the City of Lansing, Chapter 13: Parks and Public Property, Article 1. Park Regulations, shall be referred to the Governing Body for approval or disapproval. Such permit may be subject to such conditions and safeguards as the Government Body may deem necessary to protect the public health, safety and welfare. These conditions may include but shall not be limited to:

- A. Restrictions on the hours of operation, duration of the event, size of the activity or other operational characteristic.**
- B. The posting of a performance bond to help ensure that the operation of the event and subsequent restoration of the site are conducted according to Government Body expectations.**
- C. The provision of traffic control or security personnel to increase the public safety and convenience.**
- D. Obtaining liability and personal injury insurance in such form and amount as the Government Body may find necessary to protect the safety and general welfare of the community.**

An application shall be accompanied by the following items as applicable:

1. Proof of liability insurance in the amount of \$1,000,000.00 and Liability Release and Indemnification Clause.
2. A Certificate of Insurance with Endorsement naming the City of Lansing as additionally insured.
3. A sketch plan showing to scale the location of the proposed activities and structures in relation to existing buildings, parking areas, streets and property lines as shown on the approved site plan. In no event shall structures or display areas be located any closer than 25 feet to public right-of-ways adjacent to the property.
4. A separate application will need to be made to the Community Development Division for any signs to be displayed in conjunction with the special event. In no event shall signs be displayed on the public right-of-way. Signs for commercial activities shall only be displayed during hours of operation.

Signature of Applicant:  Date: 12/2/2024

The following departments have reviewed this application for compliance with the Code of the City of Lansing, Chapter 13: Parks and Public Property, Article 1. Park Regulations.

Police Department Signature: _____ Date: _____

Community Development Signature: _____ Date: _____

Parks & Recreation Department Signature: _____ Date: _____

City Clerk's Office Signature: _____ Date: _____

RELEASE OF LIABILITY & AGREEMENT TO INDEMNIFY

The City of Lansing has authorized or granted permission to the "Sponsor" to conduct certain "Activities" at the "Location," all of which are identified as follows:

Sponsor:

Boyscout Troop 165

Activities, including all other conduct related thereto:

Anti-campout indoor campout and associated activities

Location:

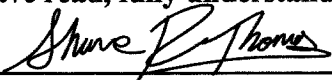
Lansing Activity Center

For Sponsor, its staff, and any authorized participant attending and participating in the above-mentioned activity for the **Anti-campout indoor campout and associated activities** Sponsor acknowledges and accepts: (a) that participation in the listed Activity(ies) is voluntary; (b) that as Sponsor am aware, and am fully satisfied with the understanding, of the nature of the Activities, the abilities and limitations of any authorized participant with respect to the Activity(ies), and the nature of the involvement of participant in the Activity(ies), and (c) that there is an inherent risk that injuries, damages and even death may occur as a result of participation in the Activity(ies).

Nevertheless, in consideration for the City of Lansing's authorization and/or its grant of permission to utilize city-owned property or its facilities for the Sponsor's Activity(ies), I, as a duly-authorized agent for Sponsor, forever release, discharge and hold harmless the City of Lansing, its elected officials, any of its employees and agents (individually and collectively referred to herein as the "City of Lansing Released Parties") from any and all claims, demands, and causes of action, including without limitation those for personal or bodily injury or death, based on, arising out of, or related to participation in the Sponsor's Activity(ies).

In addition, Sponsor also agrees to supervise any minor child attending and participating in the above-mentioned activity(ies) for the **Anti-campout indoor campout and associated activities** and withdraw any Participant if he/she is unfit to safely participate in the Activity(ies) or if any actual or impending danger to his/her health or other well-being, and Sponsor agrees to indemnify and hold the City of Lansing Released Parties harmless from any and all liability, costs and damages, including attorney fees, if any participant, including Sponsor, of the sponsored activity(ies) asserts a claim, demand, and/or cause of action against the City of Lansing which is hereby released as set forth above.

I have read, fully understand, and voluntarily agree to the foregoing.



Sponsor & Authorized Agent

12/2/2025

Date

LANSING ACTIVITY CENTER

Facility Request Form

Boy Scout Troop 165

NAME OF PERSON REQUESTING FACILITY: _____

(The person named here must pay for the rental fees, will be refunded the damage deposit, if applicable, and will be held responsible for the facility.)

Purpose of Function: Boy Scout Anti- Campout

Address: _____ City: _____ State/Zip: _____

Telephone: (Home) _____ (Work) _____

(Cell): _____

Date(s) Requested	Day of Week	Time Requested
<u>22-23 February 2025</u>	<u>Saturday into Sunday</u>	<u>4PM</u> To <u>8 AM or 9am</u>
_____	_____	To _____

Please check the category that applies to this reservation request:

- | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Lansing Resident | <input type="checkbox"/> #101 Meeting Room (capacity up to 30) |
| <input checked="" type="checkbox"/> Lansing Civic Non-Profit or Senior Citizen Group | <input type="checkbox"/> #106 Meeting Room (capacity up to 25) |
| <input type="checkbox"/> City Function | <input type="checkbox"/> #201 Meeting Room (capacity up to 30) |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> #205 Meeting Room (capacity up to 30) |
| | <input checked="" type="checkbox"/> Gym (capacity up to 200) |

Number of people attending: 35 How many tables? _____ How many chairs? _____
(Tables & chairs available: 14 rectangle tables 6' length-seats six / 46 chairs)


Other Information: _____

- Will food or refreshments be served? Yes No
- Is this a private party? Yes No
 - (A private party is a gathering where invitations are sent or given. Tickets may not be sold at the door or prior to the event.)*

STATEMENT OF RESPONSIBILITY:

As a condition precedent to the issuance of a permit for the use of facility at the Lansing Activity Center, I, the undersigned, knowingly and voluntarily assume the responsibility to abide by any and all county, state, and federal laws, city ordinances, and rules and regulations governing the use of the rooms on this request. It is further understood that the City of Lansing, Kansas, its officials, officers, and employees, are not responsible for accidents, injuries, illness, disaster, or loss to group or individual property relating to the use of the Lansing Activity Center. Furthermore, I agree to pay any rental fees, cleaning/damage deposit, and setup fees at the time reservations are made and agree to comply with the rules and regulations as stated in the rental policy. Following is a partial list of rules and regulations that may result in loss of cleaning/damage deposit.

- Application will serve as reservation and must be made in person (no telephone reservations will be accepted.)
- Rental fees and cleaning/damage deposit must be paid at the time reservations are made.
- No adhering decorations on walls or ceilings. No loose glitter sparkles or sequins may be used for decorations.
- All trash, debris, decorations, etc. shall be removed at the conclusion of the room rental. All spills must be cleaned up. The City staff will remove tables and chairs and normal floor cleaning only. If, after an activity, additional custodial maintenance is required (other than the normal cleaning process) the applicant may be charged accordingly.
- Smoking is not permitted anywhere inside the building. Failure to comply will result in forfeiture of the deposit.
- Person named on facility request form shall be responsible for their guests and compliance with the rules and regulations.
- Any cancellation less than two weeks prior to the contracted function will result in forfeiture of all fees.
- Fee waivers are available upon request.
- Additional charges may be assessed if damage or cleaning requirements exceed the deposit.
- Reservations without an advanced notice of two (2) weeks will be considered based upon staff availability.

Applicant's Signature:  Date: 12/2/2024

(Attached are the Activity Center Diagram and Reservation Fees.)

ACTIVITY CENTER FEE SCHEDULE

Description	Resident Fee	Non-Resident Fee	Cleaning/Damage Deposit
Classroom	\$5.00 per hour	\$15.00 per hour	\$75.00
Gymnasium	\$15.00 per hour	\$30.00 per hour	\$150.00
<i>Room(s) will be available one hour before the function.</i>			

Room Set-up:

COMMENTS:

Room Set-up:

STAFF USE ONLY:	
_____ hours x \$ _____ per hour = \$ _____	
Cleaning/Damage Deposit	\$ _____
Key # _____	
TOTAL DUE	\$ _____
Amount Paid	\$ _____
Balance Due	\$ _____
ACCOUNT STATUS:	
Rental Receipt # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check
Deposit Receipt # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check
Staff Member Signature _____	Date _____

**Activity Center
Fee Waiver Application**

Fee waiver applications must be received 10 working days
Prior to the date of Activity Center room reservation.
A cleaning / damage deposit is required for all reservations,
Including approved fee waivers.

Name of Organization / Individual: Boy Scout Troop 165

Address: 23785 s 139th st Leavenworth KS 66048

Phone Number: 913-+306-7857

Date of Activity Center Reservation: 22-23FEB2025

Room(s) Rented: GYM / upstairs classroom

Beginning and Ending Time of function: 4pm on Saturday -9 am Sunday

Briefly describe the purpose of this function: The purpose is to be able to hold a scout

team building exercise, winter activity while not actually going into a field environment

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For Office Use Only

Approved ✓

Disapproved _____

By: 

Date: 1-7-25

Applicant informed by: _____ Date: _____