

CITY OF LANSING PARKS SPECIAL EVENT PERMIT APPLICATION

	_{ite:} 12/2/2024
Daytime Phone Number: 913-306-7857 Evening Phone Number: 913-306-7	7857
Business/Organization Name (if applicable): Boy scout troop 165	
Address:	
Street Address City Event Location: ☑ Lansing Activity Center(108 S. Second St.) ☐ Willow Park(127 W. Gilman Road) ☐ City Park(4 ☐ Highland Park(217 Highland) ☐ Kelly Grove Park(320 E. Gilman Road) ☐ Kenneth W. Bernard ☐ 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	
Anticipated Attendance: 35 State Tax Numbers: Federal Tax Numb	oere.
Description of any structures to be used in conjunction with event: Lansing Activity Center	Jeis
Description of any structures to be used in conjunction with event.	
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and safeguards as the Government Body may deem necessary to protect the public health, safety and welfard 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 characters. The posting of a performance bond to help ensure that the operation of the event and subsequent restorate 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 fine safety and general welfare of the community.	cteristic. ion of the site are conducted
 An application shall be accompanied by the following items as applicable: Proof of liability insurance in the amount of \$1,000,000.00 and Liability Release and Indemnification Clause. A Certificate of Insurance with Endorsement naming the City of Lansing as additionally insured. A sketch plan showing to scale the location of the proposed activities and structures in relation to existing building property lines as shown on the approved site plan. In no event shall structures or display areas be located any clight-of-ways adjacent to the property. A separate application will need to be made to the Community Development Division for any signs to be displayed special event. In no event shall signs be displayed on the public right-of-way. Signs for commercial activities shall hours of operation. 	oser than 25 feet to public ed in conjunction with the Il only be displayed during
Signature of Applicant:	Date: 12/2/2024
The following departments have reviewed this application for compliance with the Code of the City of Lansing Public Property, Article 1. Park Regulations.	g, Chapter 13: Parks and
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 <u>Anti-campout indoor campout and associated activities</u>
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 <u>Anti-campout indoor campout and associated activities</u> 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 volunta	rily agree to the foregoing.
Share I Thomas	12/2/2025
Sponsor & Authorized Agent	Date

LANSING ACTIVITY CENTER

Facility Request Form

Boy Scout Troop 165

NAME OF PERSON REQUESTING FACIL (The person named here must pay for the rent	ITY: al fees, will be refunded the damage deposit, if ap,	plicable, and will be held responsible for the facility.)
Purpose of Function: Boy S	Scout Anti- Campout	
Address:	City:	_ State/Zip:
Telephone: (Home)	(Work)	
(Cell):		
Date(s) Requested	Day of Week	Time Requested
22-23 February 2025	Saturday into Sunday	4PM _{To} 8 AM or 9am
		To
(Tables & chairs available: 14 rectar	☐ #101 Meeting Citizen Group ☐ #106 Meeting ☐ #201 Meeting	
 Will food or refreshments be served? Is this a private party? (A private party is a gathering to 	▼Yes □ No ▼Yes □ No where invitations are sent or given. Tickets may not be	e sold at the door or prior to the event.)
voluntarily assume the responsibility to abide by of the rooms on this request. It is further underst accidents, injuries, illness, disaster, or loss to gro pay any rental fees, cleaning/damage deposit, ar stated in the rental policy. Following is a partial I 1. Application will serve as reservation ar 2. Rental fees and cleaning/damage deposity. No adhering decorations on walls or considerable and chairs and normal from the remove tables and cleaning/damage deposit, and	tood that the City of Lansing, Kansas, its officials, of the pup or individual property relating to the use of the and setup fees at the time reservations are made are ist of rules and regulations that may result in loss and must be made in person (no telephone reservations are made soit must be paid at the time reservations are made silings. No loose glitter sparkles or sequins may be be removed at the conclusion of the room rental. Floor cleaning only. If, after an activity, additional of the building. Failure to comply will result in for shall be responsible for their guests and compliant prior to the contracted function will result in forfeiture. It is damage or cleaning requirements exceed the depose of two (2) weeks will be considered based upor	dinances, and rules and regulations governing the use officers, and employees, are not responsible for Lansing Activity Center. Furthermore, I agree to ad agree to comply with the rules and regulations as of cleaning/damage deposit. Jone will be accepted.) Let used for decorations. All spills must be cleaned up. The City staff will ustodial maintenance is required (other than the feiture of the deposit. Let with the rules and regulations. Let with the rules and regulations. Let used for decorations.
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
	Room(s) will be available one hou	ir before the function.	

n Set-up:	COMMENTS:	
	l l	
Set-up:		
Set-up:	STAFF USE ONLY:	
Set-up:		per hour = \$
Set-up:		_per hour = \$
Set-up:	hours x \$	per hour = \$
Set-up:	hours x \$ Cleaning/Damage Deposit	_per hour = \$\$
Set-up:	hours x \$ Cleaning/Damage Deposit Key #	per hour = \$
Set-up:	hours x \$	per hour = \$
Set-up:	hours x \$	per hour = \$
Set-up:	hours x \$	\$\$\$\$\$\$
Set-up:	hours x \$	\$\$ \$
Set-up:	hours x \$	\$\$

Revised: 07/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2024

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 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). CONTACT NAME: Laura Craig PRODUCER Marsh & McLennan Agency LLC PHONE (A/C, No, Ext): 972-770-1402 E-MAIL FAX (A/C, No): 972-770-1699 8144 Walnut Hill Lane, 16th Floor ADDRESS: laura.craig@marshmma.com Dallas TX 75231 INSURER(S) AFFORDING COVERAGE NAIC# 35378 INSURER A: Evanston Insurance Company INSURED BSALFLC INSURER B: Boy Scouts of America, National Council and All of its affiliates and subsidiaries INSURER C: Heart of America Council INSURER D: 10210 Holmes Road INSURER E: Kansas City, MO 64131 INSURER F REVISION NUMBER: **COVERAGES CERTIFICATE NUMBER: 1851896660** 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER Α Х **COMMERCIAL GENERAL LIABILITY** V3P0009148 3/1/2024 3/1/2025 \$1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR \$1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$7,000,000 POLICY PRODUCTS - COMP/OP AGG LOC \$ OTHER: OMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ RETENTION \$ DED WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only of the limits of liability specified in such contract for the event specified. Primary and Non-Contributory applies as required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Sexual Molestation coverage is incorporated in the policy and addressed by endorsement and is subject to the policy period, terms, limits and conditions of the policy. For All Official Scouting Activities CANCELLATION CERTIFICATE HOLDER City of Lansing SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 800 First Terrace THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Lansing, KS 66043 ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE**

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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
For Office Use Only
Approved
Disapproved
By: Date: <u>/-7-25</u>
Applicant informed by: Date: