



User Group Request Application

Long Term events such as Sporting events. Upon approval from council permit is valid for two years.

- Reservation request must be made at least 1 month prior to the reservation date.
- Please allow for up to one month for council approval of permit.

Event Type (Please provide details on the back of this form): <i>Football</i>	
Park/Field Requested: <i>Bender Park</i>	
Date(s) Requested (provide schedule): <i>Sept 1st to Oct 31st</i> What timeframe are you requesting for practices and games (start and end dates):	
Name of Organization: <i>Miles City Youth Football</i>	
Primary Contact Person: <i>Travis Meidinger</i>	
Phone Number: <i>406-720-3693</i>	
Email Address: <i>meidingt@gmail.com</i>	
Mailing Address: <i>P.O. Box 442 MC, 59301</i>	
Secondary Contract Person: <i>Erik Peterson</i>	
Phone Number: <i>406-951-1369</i>	
Email Address: <i>pinehills cattle@gmail.com</i>	
Mailing Address: <i>P.O. Box 442 MC 59301</i>	

Upon approval, the following checked items must be provided:

Fees

Processing Fee	\$25.00
Park Use Fee (determined from Parks Policy Manual)	\$250/yr.
Damage Deposit (Refundable) • If there will be canopies/tents at your event or if you are using a rental company, an additional deposit maybe needed. • A walk through is required before and at the end of any season.	\$250
Alcohol Waiver • Refer to Parks Policy Manual	—
Liability Insurance (information provided in the Parks Policy Manual) • Naming the City of Miles City, Its Officers, and Agents as additionally Insured • Meets all information in Ordinance # 1393 and in the Parks Policy Manual	Need to provide proof
Insurance Endorsement Statement • Naming the City of Miles City, Its Officers, and Agents as additionally Insured.	Needed
Has read and will meet all requirements within Parks Policy Manual	☒ Yes No
Signed agreement detailing the event	Yes No

Joe W. Ayer 7/23/26

Insurance must be in place and the group shall provide proof of insurance satisfactory to the City of Miles City prior to the commencement of the use covered by this agreement or the use will not commence as scheduled.

Insurance Endorsement Statement

An Endorsement Statement is required for all applicable policies additionally insuring the City of Miles City, its officers, and agents and the Group against loss and liability for damages including, but not limited to, personal injury, death, or property damage arising out of, or in connection with the use of the facility. In addition, the policy or policies shall contain a provision that no cancellation thereof shall be effective by the insurer without forty five (45) days written notice to the City of Miles City and the insured Reservation group.

City of Miles City Address to be used on Insurance Documentation

City of Miles City
174 S. 8th Street
PO Box 910
Miles City, MT 59301

Email: smalenovsky@milescity-mt.org For questions, please call the Public Works Department at 406-874-8617.

**VERIFICATION OF INSURANCE
FOR THE AMATEUR ATHLETIC UNION OF THE U.S., INC. AND ITS MEMBER CLUBS**

GENERAL INFORMATION		This document verifies insurance coverage for the Amateur Athletic Union of the United States, Inc. Member clubs have coverage as shown below from the date of enrollment and acceptance in the AAU. Expiration date is August 31st annually.			COVERAGE DATES: 9/1/2025 - 8/31/2026	
This verification is issued as a matter of information only and confers no rights. This verification does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This verification of insurance does not constitute a contract between the issuing insurer (s), authorized representative or producer.						
PRODUCER Foy Insurance a division World Insurance 64 Portsmouth Ave Exeter NH 03833		INSURED Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 1000022409 Lake Buena Vista, FL 32830-1000 (407) 934-7200		MEMBER CLUB INSURED CLUB CODE: UFCGSQBRN MCYF 1505 Butler St Miles City, MT, 59301 8/19/2025 05:17:22 PM		
INSURER(S) AFFORDING COVERAGE						
Company A United State Fire Insurance Company NAIC # 21113 Company B Everest National Insurance Company NAIC # 10120 Company C HDI Global Specialty SE NAIC# AA-1340041				*For box below, INSR LTR refers to Company A, B or C.		
COVERAGES - This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE EFF. DATE (MM/DD/YY)	COVERAGE EXP. DATE (MM/DD/YY)	COVERAGES	LIMITS
A	Participant Accident	US1182736	9/01/2025 12:01 AM.	9/1/2026 12:01 AM.	Accident Medical Accidental Death and Dismemberment	100,000 20,000
B	Excess Liability	GCN0012707-251	9/01/2025 12:01 AM.	9/1/2026 12:01 AM.	Each Occurrence Policy Aggregate	1,000,000 1,000,000
C	Excess Liability	25QS1244	9/01/2025 12:01 AM.	9/1/2026 12:01 AM.	Each Occurrence Policy Aggregate	4,000,000 4,000,000
B	General Liability	GCN0012693-251	9/01/2025 12:01 AM.	9/1/2026 12:01 AM.	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to Policy Aggregate Cap Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 20,000,000 5,000 1,000,000 2,000,000
ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS For said club to have coverage, all membership requirements in the AAU must be met. For said club to have Extended Coverage (AB) program, all membership requirements in the AAU AB program must be met. 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. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. REVOCATION OF MEMBERSHIP - will result in cancellation of coverage.						



Authorized Representative

Verification No. UFCGSQBRN