

**INGHAM COUNTY PARKS DEPARTMENT
SPECIAL EVENT PERMIT
APPLICATION**

For your application to be considered, BOTH pages of this application must be completed.

Event Name:		Date(s):		
Type of Event: (picnic, race, walk, soccer, softball, etc.)		Location: <i>Include Park/Shelter name & map or description of route, if applicable.</i>		
Event start time:	No. of participants expected this year:	Yes	No	
				Is a shelter required?
				Park road closing required?
Event end time:	No. of participants previous year:			Will alcoholic beverages be available?
				Will a fee be charged for this event?
Provide a brief description of the Event (should more room be needed please attached a separate sheet of paper)				
Medical Personnel Assigned to Event: Note: Non-assignment of personnel to this event may cause rejection of this application.				
Name:		This person is a(n):		
Address:		EMT	RN	
Phone:		Paramedic	Other	
		Physician	(If "other", explain)	
SPONSORING ORGANIZATION INFORMATION				
Name:				
Address:				
Phone:				
Website:				
Is this a non-profit organization? If so, please provide your State of MI non-profit ID number or a copy of the Letter of Determination you received with your Federal Employee ID number.			Will all net proceeds be donated to a recognized charity? <u>If so, name charity.</u>	
Event Director:		Cell Phone:		
Address:		Day Time Phone:		
E-mail Address:		Evening Phone:		
May we advertise your event on our homepage or other social network page?		YES		NO

ALL APPLICANTS MUST COMPLETE AND SUBMIT AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT See Section VI.M. of the Special Event Policy

Submit completed application to: Ingham County Parks, P.O. Box 178, Mason, MI 48854 ~ Phone: 517.676.2233 ~ FAX: 517.244.7190

The sponsor of an event may petition the Parks & Recreation Commission, or its designated representative, for a waiver of one or more of the requirements for a Permit under the rules outlined in the Special Events Policy.

If a waiver is requested in any area, rationale must be provided.

	No Waiver Required	Waiver Requested	COMMISSION USE ONLY
			Approved?
1. Request for waiver of shelter fee.			
2. Request for waiver of medical personnel/facilities requirements. (Sec. VI.D.)			
3. Request for waiver of solid waste disposal requirements. (Sec. VI. F.)			
4. Request for waiver of access and traffic control requirements. (Sec. VI.G.)			
5. Request for waiver of parking requirements. (Sec. VI.H.)			
6. Request for waiver of security personnel requirements. (Sec. VI A.)			
7. Request for waiver of restroom facility requirements. (Sec. VI B.)			
8. Request for waiver of food service requirements. (Sec. VI.C.)			
9. Request for waiver of liquid waste disposal requirements. (Sec. VI.E.)			
10. Request for waiver of illumination requirements. (Sec. VI.I.)			
11. Request for waiver of fencing requirements. (Sec. VI.K.)			
12. Request for waiver of audio policy. (Sec. VII)			
13. Request for waiver of tent and canopy policy. (Sec. IX)			

Rationale for waiver(s)
(attach additional pages if necessary)

As an authorized official of the organization making this application, I CERTIFY that we have read and understand the Parks Special Events Policy and will abide by all of Parks Department rules and regulations and those set forth in this policy.

Event Director Signature: _____ **Title** _____ **Date** _____

PARKS DEPARTMENT USE ONLY			
	Date rec'd	Parks Commission Approval date:	If denied: (date)
Certificate of Insurance		Restrictions:	Reason for denial:
Hold Harmless Agreement			
- Certified copy of Resolution			
- Minutes of meeting			
Non-profit status verification			
Other requirements			

**INGHAM COUNTY PARKS DEPARTMENT
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of its use of _____ park,
(name of park)

the _____ agrees to defend, pay on behalf of,
(name of organization)

indemnify, and hold harmless Ingham County and Ingham County Parks Department and their elected and appointed officials, employees and volunteers and others working on behalf of Ingham County and Ingham County Parks Department, against any and all claims, demands, suits, or loss, including all costs connected therewith, and for damages which may be asserted, claimed or recovered against or from Ingham County or Ingham County Parks Department, their elected and appointed officials, employees, volunteers or others working on behalf of Ingham County or Ingham County Parks Department, 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 the use of:

_____ by _____
(name of park) (name of organization)

its officers, employees or agents; its parent organization, subsidiaries, independent contractors, subcontractors, licensees and invitees if any; and any such parent organization's, subsidiaries', independent contractors', subcontractors', licensees', invitees' officers, employees or agents. It is expressly understood and agreed that the Indemnification and Hold Harmless requirements of this Agreement do not include losses, injuries or damages arising from the negligence of Ingham County or Ingham County Parks Department's personnel.

This Agreement shall be construed according to the laws of the State of Michigan. The appropriate venue for the bringing of any legal action under the Agreement shall be the county of Ingham, of the State of Michigan. In the event that any legal action is brought under this Agreement in Federal Court, the appropriate venue for such legal action shall be the Federal Judicial District of Michigan, Western District, Southern Division.

The person signing on behalf of the entity certifies by his/her signature that he/she is duly authorized to sign this Agreement on behalf of the entity and that this Agreement has been authorized by the entity.

This Agreement will be effective from _____, 20____ through _____, 20_____.

Date: _____ By: _____
Signature Here

Title: _____

Signatory Name (type or print): _____

Address: _____

City/State/Zip: _____

Phone: _____