LAKE LANSING
COMMUNITY
BAND SHELL
APPLICATION
**INGHAM COUNTY PARKS DEPARTMENT**

**LAKE LANSING COMMUNITY BAND SHELL**

**EVENT PERMIT APPLICATION**

For your application to be considered, BOTH sides of this form must be completed

<table>
<thead>
<tr>
<th>EVENT NAME:</th>
<th>DATE(s) (Include Day of week and date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If multiple dates, list all dates on separate page)</td>
</tr>
</tbody>
</table>

**EVENT DESCRIPTION**

Provide a clear, detailed description. Insufficient information may delay the application process.

What type of musical/electrical equipment do you plan on using?

(Refer to policy p. 2 regarding decibel limits)

| Event start time: _____________ a.m./p.m. | No. of participants expected this yr: _______ | Insurance classification: |
| Event end time: _____________ a.m./p.m. (includes set up and clean up time) | No. of participants previous yr: _______ | (Refer to Band Shell Policy p. 10) |
|                                         |                                       | Class I a ______ Class I b ______ |
|                                         |                                       | Class II ______ Class III ______ |

**NAME OF SPONSORING ORGANIZATION:**

Address:

**EVENT DIRECTOR:**

Name:
Address:
Phone:
E:mail:
Fax:

Are you planning to take a voluntary collection from the audience? YES_____ NO_____

If YES, what will the proceeds be used for? (See Policy p. 2)

Will you require the use of Band Shell Equipment? YES_____ NO_____

$50.00 Public Address System? _______
$50.00 Stage Chairs? ______ Number Required? ______
$50.00 Music Stands? ______ Number Required? ______

* If using all 3 types of equipment the fee is $150.00

All Applicants must complete and submit an indemnification and hold harmless agreement

See page 8 of the Lake Lansing Community Band Shell Event Policy

Submit completed application to: Ingham County Parks, P.O. Box 178, Mason, MI 48854. Phone: (517) 676-2233

Checks made payable to: Ingham County Parks Department
The Sponsor of an event may submit a request for a waiver of one or more of the requirements for a Permit under the rules outlined in the Band Shell Events Policy.

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

<table>
<thead>
<tr>
<th>Request for waiver</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical personnel/facilities</td>
<td>6</td>
</tr>
<tr>
<td>2. Solid waste disposal</td>
<td>6</td>
</tr>
<tr>
<td>3. Access and traffic control</td>
<td>7</td>
</tr>
<tr>
<td>4. Parking requirements</td>
<td>8</td>
</tr>
<tr>
<td>5. Security personnel requirements</td>
<td>5</td>
</tr>
<tr>
<td>6. Restroom facility requirements</td>
<td>5</td>
</tr>
<tr>
<td>7. Food service requirements</td>
<td>6</td>
</tr>
<tr>
<td>8. Liquid waste disposal</td>
<td>6</td>
</tr>
<tr>
<td>9. Illumination requirements</td>
<td>7</td>
</tr>
</tbody>
</table>

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 Band Shell 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**

<table>
<thead>
<tr>
<th>Certificate of Insurance</th>
<th>Approval Date:</th>
<th>If denied: (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold Harmless Agreement</td>
<td>Restrictions:</td>
<td>Reason for denial:</td>
</tr>
<tr>
<td>- Certified copy of Resolution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Minutes of meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-profit status verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other requirements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S:\Friends\Bandshell\ABandshellapplication.pdf
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:

______________________________________________

(name of park)

by

(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: ________________________________________________

Title: ______________________

Signatory Name (type or print): __________________________________________________________

Address: ___________________________________________________________________________

City/State/Zip: _______________________________________________________________________

Phone: _____________________________________________________________________________