

**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*

**EVENT NAME:**

**DATE(s)** *(Include Day of week and date)*

*(If multiple dates, list all dates on separate page)*

**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:

*(Refer to Band Shell Policy p. 10)*

Event end time: \_\_\_\_\_ a.m./p.m.  
*(includes set up and clean up time)*

No. of participants previous yr: \_\_\_\_\_

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

\$50.00 Stage Chairs? \_\_\_\_\_ Number Required? \_\_\_\_\_

\$50.00 Music Stands? \_\_\_\_\_ Number Required? \_\_\_\_\_

*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.*

			PARKS USE ONLY
	No Waiver Requested	Waiver Requested	Approved?
1. Request for waiver of medical personnel/facilities requirements. (p. 6)			
2. Request for waiver of solid waste disposal requirements. (p. 6)			
3. Request for waiver of access and traffic control requirements. (p. 7)			
4. Request for waiver of parking requirements. (p.8)			
5. Request for waiver of security personnel requirements. (p.5)			
6. Request for waiver restroom facility requirements. (p. 5)			
7. Request for waiver of food service requirements. (p. 6)			
8. Request for waiver of liquid waste disposal requirements. (p. 6)			
9. Request for waiver of illumination requirements. (p.7)			

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**

	Date rec'd	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: \_\_\_\_\_

Title: \_\_\_\_\_

Signatory Name (type or print): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_