

**CITY OF MACKINAC ISLAND  
PERMIT APPLICATION FOR  
PARADE OR COMPETITIVE EVENT**

As prescribed under Provisions of City of Mackinac Island Ordinance No. 273

Name of Applicant: STRAITS PRIDE (KYRSTEN CANAZOS)

Address: 843 MACKINAC ISL. MI 49757  
(P.O. Box) (Street) (City) (State) (Zip)

Phone Number & Email: 517.902.3746 Kyrsten@straitspride.org  
(Phone) (Email)

Name of Group or Organization Sponsoring the Event: SAME AS ABOVE ↑

Address: \_\_\_\_\_  
(P.O. Box) (Street) (City) (State) (Zip)

Group Status: \_\_\_\_\_ Profit ☒ Non-Profit

Type of Event: ☒ Parade \_\_\_\_\_ Competitive Event

Date of Event: SAT 9/13 Time of Event: 6P 6:15P  
(Day) (Date) (Start) (End)

Location of Event (starting and ending locations and proposed route): WALK/MARCH  
STARTS @ COMMUNITY HALL DUE EAST ON  
MARKET, DOWN FORT ST., WEST ON MAIN, UP ASTOR ST.  
ENDS @ COMMUNITY HALL.

Name of Liability Insurance Company: \_\_\_\_\_

Policy or Binder Number: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

[Signature] 8/15/25  
Applicant Signature Date

Application Received: 8.29.25 Fee Received: \_\_\_\_\_ Ck #: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: City Council

# LIABILITY WAIVER

It is hereby understood that the person, organization, or group applying for or sponsoring the event described on the permit application agrees to hold harmless the City of Mackinac Island, its several agents, agencies, or officers either in said agent's, agencies' or officers' public or private capacity, against any claim for property or personal injury due to participation in the proposed event. It is also understood that any participants in the proposed event likewise will hold harmless in the above particulars the above named individuals. It is also understood that the person, organization or group sponsoring this event shall have informed each and every individual participant of the hold harmless agreement, and in addition thereto, shall inform each participant in unambiguous language and prior to the event that he/she participates at their own risk.

  
\_\_\_\_\_  
Signature of Permit Applicant  
STRAITS PRIDE  
\_\_\_\_\_  
Representing (Name of Group or Organization)

8/15/25  
\_\_\_\_\_  
Date

Subscribed and sworn before me, this 15 day of August,  
2025, a Notary Public in and for Mackinac County, Michigan.

  
\_\_\_\_\_  
Signature of Notary Public

K. RICKLEY, Notary Public  
Mackinac County, State of Michigan  
Acting in the County of Mackinac  
My Commission Expires: 10/21/2025

10/21/2025  
\_\_\_\_\_  
My Commission Expires

**Note: This liability waiver must be completed and attached to the permit application for parade or competitive event and submitted to the Mackinac Island City Clerk.**