

**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: Midwestern Surgical Association

Address: 2508 W 71st St Prairie Village, KS 66208
(P.O. Box) (Street) (City) (State) (Zip)

Phone Number & Email: corinne@lp-etc.com
(Phone) (Email)

Name of Group or Organization Sponsoring the Event: _____
Midwestern Surgical Association

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

Group Status: _____ Profit Non-Profit

Type of Event: _____ Parade Competitive Event

Date of Event: Monday, August 5, 2024 Time of Event: 7:00am 8:00am
(Day) (Date) (Start) (End)

Location of Event (starting and ending locations and proposed route): _____
Start at Grand Hotel Tennis courts and go through downtown on Cadotte Avenue
to Main street to Mission Point and back.

Name of Liability Insurance Company: Great American Insurance Company

Policy or Binder Number: BSR - F166378-00 Amount of Coverage: _____

[Signature] 7/12/24
Applicant Signature Date

Application Received: 7-22-24 Fee Received: \$100.00 Ck #: Cash
Approved: _____ Denied: _____ By: Council 9255

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

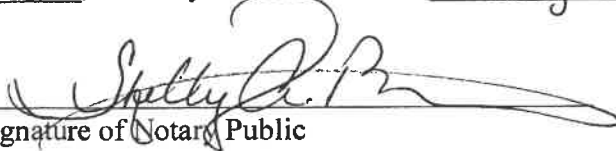
7/12/24

Date

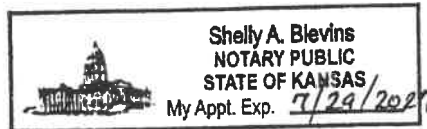
Midwestern Surgical Association

Representing (Name of Group or Organization)

Subscribed and sworn before me, this 12th day of July, 2024, a Notary Public in and for Wyandotte CO, Kansas County, Michigan.



Signature of Notary Public



7/29/2027

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.