CITY OF MACKINAC ISLAND PERMIT APPLICATION FOR PARADE OR COMPETITIVE EVENT

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

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Name of Applicant: JASON 57.0066	NIINV			
Address: (30) (Street)				
(P.O. Box) (Street)	(City)	(State)	(Zip)	
Phone Number & Email:				
(Phone)	(Email)			
Name of Group or Organization Sponsoring the Ev	ent: Tasaa (T 044	2.6		
Name of Group or Organization Sponsoring the Event: Trong St. Ongs				
MACICINAL IN MINS	Views			
Address: 150 × 1496 MAC (P.O. Box) (Street)	KINAL ISL MI	497	57	
(P.O. Box) (Street)	(City)	(State)	(Zip)	
Group Status: Profit Non-Profit				
Type of Event: Parade Competitive l	Event			
Date of Event: $\sqrt{o_V}$ 27 (Day) (Date)	Fime of Event: $\frac{9:30^{4/3}}{\text{(Start)}}$	/0:3 (End)	010	
Location of Event (starting and ending locations and proposed route): Douds Convon				
TO DEVELS KITCHEN				
Name of Liability Insurance Company:	105 INSURANCE	-		
Policy or Binder Number:	Amount of Coverage:			
	11/2/2			
Applicant Signature				
Application Received: 11.10.25 Fee Received: Waived Ck #:				
Approved: By: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	///0/25 Date
Representing (Name of Group or Organization)	
Subscribed and sworn before me, this/O day of 2025_, a Notary Public in and for	November, County, Michigan.
Signature of Notary Public	Kathryn Pereny
8-7-30 My Commission Expires	Kathryn Pereny Notary Public State of Michigan Mackinac County My Commission Expires 8/7/2030 Acting in the County of

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.