CITY OF MACKINAC ISLAND PERMIT APPLICATION FOR PARADE OR COMPETITIVE EVENT

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

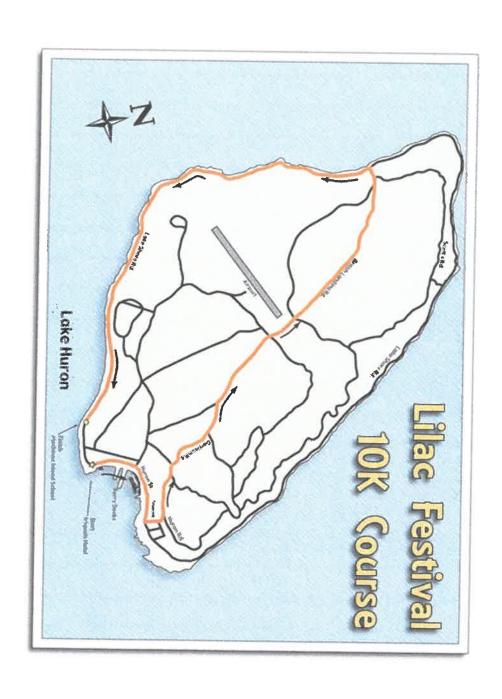
				_
Name of Applicant:	Mackinac Is	land Lilac Festival 10K	- RunMackina	c Events
Address: P.O. Box 1		Mackinac Island	MI	49757
(P.O. Box)	810-577-74	(City) 27 (Anne)	JohnCGault2	(State) (Zip) @aol.com
Phone Number & Email:	(Phone)	(Email)	anne@runma	ackinac.com
Name of Group or Organ Anne Gault	ization Sponso	oring the Event: RunMa	ackinac Ever	nts, John and
Address: P.O. Box 14	108	Mackinac Island	М	49757
(P.O. Box)	(Street)	(City)	(State) (Zip)
Group Status: X Pro:	fit Nor	n-Profit		
Type of Event: Par	ade X Co	ompetitive Event		
Date of Event: June 7,	2025	Time of Event	9:30 am	12:00 pm
(Day)	(Date	e)		(End)
Location of Event (starting	g and ending lo	ocations and proposed rou	nte): Race st	tarts at
Windemere Point on Main Street, turns on Truscott to Garrison, then British Landing to Lakeshore, then left to finish on lawn at the School.				
Name of Liability Insurance	ce Company: _	West Bend Ins		
Policy or Binder Number:	B531820	OO Amount o	f Coverage: \$2	2,000,000
Une Good	and the same	Janu	ary 27, 2025	
Applicant Signature		Date	, , , , , , , ,	
Application Received: 2		Received: # 100.00	Ck#: <i>\Q</i> .	560

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.

Ine Coul		1/29/25
Signature of Permit Applicant	Date	1 2 1 2 3
Representing (Name of Group or Organization)	rents	
Subscribed and sworn before me, this 29 c	^	County, Michigan.
Signature of Notary Public 9-9-27 My Commission Expires	Notary Pub	AN BAUMAN Jic, State of Michigan nty of Gerbesce on Expires Sep. 9, 2027 unity of Colonia

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.



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

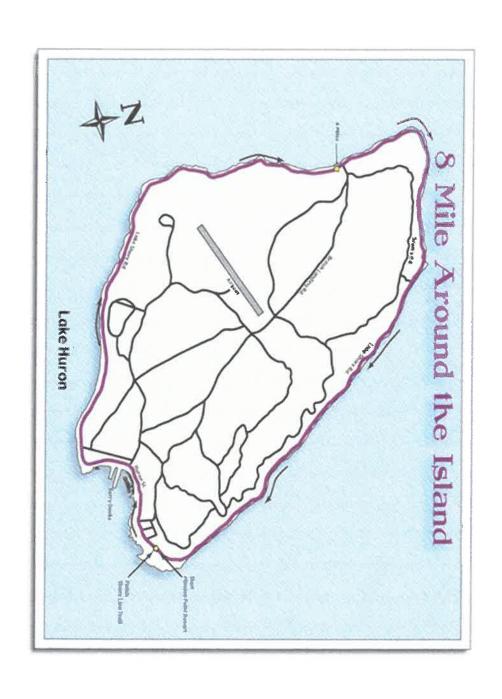
					WHAT I SHOW I SH
Name of Applicant:	Mackinac Island Eight	Mile Road Race	- RunMack	inac Eve	ents
Address: PO Box 1408	Ma	ckinac Island		MI	49757
Phone Number & Email: 810-577-7427 (Anne) JohnCGault2@aol.com anne@runmackinac.com				m com	
	(Phone)	(Email)			
Name of Group or Organi	zation Sponsoring the E	vent: RunMacki	inac Event	s - Johr	and Anne G
Address:PO Box 140	8 Mackinac Isl	and	M	l 497	757
(P.O. Box)	•	(City)		(State)	(Zip)
Group Status: Events Prof	St. Ignace It Klwanis Non-Profit				
Type of Event: Para					
Date of Event:	September 6, 2025	Time of Event:	9:30 am	12:30) pm
(Day)	(Date)			(End)	
Location of Event (starting Mission Point Resort. Star through downtown, following	ing the Island perimeter	of the hotel and r to finish on the G	lo pere ope	\ a1i	ends at
Name of Liability Insurance	e Company:	nd Insurance			
Policy or Binder Number: _	B531820 00	Amount of C	overage: _	\$2,000	,000
Annlicent Ciamatan			January 2	28, 2025	5
Applicant Signature		Date			
Application Received: 2	3.25 Fee Received: l:By:	#100.00 nciQ	Ck #: (e 540)

LIABILITY WAIVER

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Signature of Permit Applicant		1/29/25 Date
Representing (Name of Group or Organ	Events ization)	
Subscribed and sworn before me, this	29 day of Jane	County, Michigan
Signature of Notary Public 9.9-37 My Commission Expires	My Coi	JOAN BAUMAN ary Public, State of Michigan County of Genesee minission Expires Sep. 9, 2027 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.



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:Macl	kinac Island Great Tur	tle Trail Race - RunM	ackin	ac Ev	ents
Address: P.O. Box 1408	Mackinac Island	1	MI	497	57
(P.O. Box) (St	reet)	(City)	(S ackina @ao	tate) ac.cor I.com	(Zip) n
(Ph Name of Group or Organizat	one)	(Email)			•
Address: P.O. Box		Island	MI	4975	7
(P.O. Box) (Str	eet) (City)	(St	ate)	(Zip)
Group Status: X Profit _	Non-Profit				
Type of Event: Parade	X Competitive Ev	ent			
Date of Event: Saturday, Oc	tober 25, 2025 Ti	me of Event: 10:30 a	m 1	1:30 pi	m
(Day)		(Start)			
Location of Event (starting an	d ending locations and p	proposed route): Event s	tarts a	nd end	s at
Mission Point Resort. Half Man- travel trhourgh the Island interior 5I7 Mile race starts, in front of S follows Leslie to Scotts Shore F Both course maps are available	traits Lodge, heading up T	ruscott to Huron, Arch Ro	Scott Shore ck Roat it.	s Shore Road ad, to L	e Road, up to to Lakeshore, eslie. The co
Name of Liability Insurance C	ompany: West Bend	Insurance			
Policy or Binder Number:	B531820 00	Amount of Coverage:	\$2,	,000,0	00
		January	28, 2	025	
Applicant Signature		Date			
Application Received: 2.3 Approved: Denied:			45	TeO	× -

LIABILITY WAIVER

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ane Geall	1/28/25
Signature of Permit Applicant	Date
Ren Mackings Even	*
Representing (Name of Group or Organization)	
Subscribed and sworn before me, this 29 day of 2025, a Notary Public in and for	Le County, Michigan.
Signature of Notary Public 9.9-27	JOAN BAUMAN Notary Public, State of Michigan County of Genesse My Commission Expires Sep. 9, 2027 Acting in the County of
My Commission Expires	***************************************

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