WAIVER OF LIABILITY FORM

½ WAY TO ST. PAT’S TRACTOR RIDE

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print your name) will be a participant in the ½ way to St. Pat’s Tractor Ride. I hereby waive all claims for injury or accident of liability of any kind against the City, St. Pat’s Association. I am aware that there is no insurance of any kind covering participants and that I will be covered by my own insurance. I will not hold either organization responsible if I would come in contact/get COVID-19.

*\*All participants must be 16 years or older*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Signature Date