

WAIVER OF LIABILITY FORM

ST. PAT'S SIDE BY SIDE RIDE

I _____ (please print your name) will be a participant in the St. Pat's Side by Side Ride. I hereby waive all claims for injury or accident of liability of any kind against the City or 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