## **WAIVER OF LIABILITY:** To be completed by the Applicant.

I further understand that serious personal or mortal injury and property damage could result from the City of Worthington and having knowledge of and understanding the nature of these risks, I nonetheless hereby agree to assume these risks and to forever waive, release, discharge and hold harmless the City of Worthington, its successors, officers, employees, servants and agents in the manner and to the extent provided for in the preceding paragraph.

It is further agreed and understood that this waiver, release, discharge and assumption of risk is binding upon my heirs and assigns. Additionally, I certify that I am 18 years of age or older.

Signature: \_\_\_\_\_

Name of Organization:

Knights of Columbus#11445 (St.Michael, Worthington)

Date: <u>Saturday</u>, May 4, 2024\_\_

## WAIVER OF LIABILITY: To be completed by the Applicant.

In consideration of the issuance of a permit to \_\_\_\_\_\_\_\_, to solicit funds in the public right of way in the City of Worthington, I hereby forever waive, release, discharge and hold harmless the City of Worthington, its successors, officers, employees, servants and agents, whether or not caused by their negligence, from and again any and all claims, causes of action, demands, damages, loss of service, expenses and costs (including attorneys' fees) arising from or in connection with damages for death, personal injury or property damage which I may have, or which may subsequently accrue to me, as a result of my participation in the City of Worthington.

I further understand that serious personal or mortal injury and property damage could result from the City of Worthington and having knowledge of and understanding the nature of these risks, I nonetheless hereby agree to assume these risks and to forever waive, release, discharge and hold harmless the City of Worthington, its successors, officers, employees, servants and agents in the manner and to the extent provided for in the preceding paragraph.

It is further agreed and understood that this waiver, release, discharge and assumption of risk is binding upon my heirs and assigns. Additionally, I certify that I am 18 years of age or older.

Signature: \_\_\_\_

Name of Organization:

Knights of Columbus #11445 (St. Michael, Worthington) Date: Saturday, May 4, 2024