

PARTICIPATION WAIVER AND RELEASE

I recognize and acknowledge that there are certain risks attached to receiving a COVID-19 vaccination. I agree to assume the full risk of any injuries, sickness, damages or loss which I may sustain, or may be sustained by me, as a result of participating in the COVID-19 vaccination program and all activities connected or associated with the program sponsored, in part, by the _____ [insert Member name]. I agree to waive and relinquish all claims I may have as a result of participating in the COVID-19 vaccination program against the _____ [insert member name] and its officers, agents and employees.

I further agree to indemnify, hold harmless and defend the _____ [insert Member name], its officials, officers, agents, and employees from all injuries, sickness, damages, loss or claims of any nature sustained by me and arising out of, connected with, or in any way associated with the COVID-19 vaccination program.

Dated _____

Signature

Printed Name