

BRIGHAM YOUNG UNIVERSITY
ASSUMPTION OF RISK, RELEASE AND AGREEMENT TO
RECEIVE IMMUNIZATION

(To be completed by all 18 years and older)

I, the undersigned, understand that the Utah County Health Department is providing vaccine immunizations for various diseases on the premises of Brigham Young University; that this immunization program is not sponsored by nor affiliated with Brigham Young University and that the Utah County Health Department is solely responsible for the administration of this immunization program. I hereby fully release Brigham Young University and all of its officers, employees and agents, without limitation or qualification, as to any and all liabilities, claims, demands and actions which may be made by me or my estate on account of any losses, expenses or damages of any kind concerning property, personal injuries (physical or emotional) or on account of any losses, or death which may result, directly or indirectly, from my receiving an immunization from the Utah County Health Department on the premises of Brigham Young University, unless any such damage or injury is the direct and sole result of a negligent act or omission by Brigham Young University or any of its officers, employees or lawful agents and is not caused in part by my own negligence, the negligence of the Utah County Health Department, the result of a defective vaccine or as the result of my own idiosyncratic reaction, however severe, to the vaccine.

Print Name

Employee ID#

Phone #

Date of Birth

Local Address

Email Address

Signature

Date

Witness

Date