

RELEASE OF LIABILITY FORM

EACH INDIVIDUAL REQUESTING IMMUNIZATION SERVICES IS REQUIRED TO COMPLETE, SIGN, AND SUBMIT THIS FORM TO THE ATTENDING TECHNICIAN PRIOR TO RECEIVING IMMUNIZATION SERVICES.

I, the undersigned, am requesting Immunization Services be provided by Walmart, Inc. ("**Provider**"). I release Provider and their agents, and agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to persons or property, regardless of when they occurred and however caused with which Organization and Provider and their agents or Members may be charged in connection, directly or indirectly with the Immunization Services.

I expressly agree that all parts of the Immunization Services process will be undertaken at my own risk, and I represent that I fully understand any risks involved, and that I am able to participate in all Immunization Services provided to me.

I further agree that Provider and their agents and shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever arising out of, or connected with the use of any of their services, facilities or equipment.

Signature: _____ Date: _____

Printed Name: _____
(First, Last)

Please bring the completed form to the Student Health Center by
Tuesday, September 3rd.