

STUDENT LIABILITY RELEASE AND WAIVER/MENINGITIS VACCINE

1. I, the undersigned student, acknowledge that I have been urged by the College of Charleston, Office of Student Health Services, to obtain a vaccination against meningococcal disease and Hepatitis B (hereinafter collectively "Vaccination") and that I have received from such Office health and medical information relating to the nature of such diseases and generally acceptable preventive measures, as recommended by the Centers for Disease Control. I also acknowledge that I have received either a copy or a summary of the College of Charleston's Policy entitled POLICY FOR MENINGITIS VACCINE.

2. The benefits of receiving the Vaccination has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from not being vaccinated. These dangers, hazards, and risks can result in impairment to my body, general health, wellbeing, and could include serious or even fatal results.

3. Knowing the dangers, hazards, and risks of not receiving the Vaccination, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasors"), I agree to assume all the risks and responsibilities surrounding my failure to be vaccinated. On behalf of myself and the Releasors I hereby covenant not to sue the College of Charleston, or its trustees, officers, representatives, and employees ("Releasees"), and I hereby release, waive, and forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of, or related to, my failure to receive the Vaccination. It is my expressed intent that this Liability Release and Waiver shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: _____ Date: _____

Print Name of Student: _____

(IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO READ AND SIGN THIS FORM WHERE INDICATED BELOW.)

I am the parent or legal guardian of the above named student and have read and understand the foregoing STUDENT LIABILITY RELEASE AND WAIVER. I agree, for myself and for the student, to be bound by its terms and conditions.

x _____ Date: _____

Signature of Parent/Guardian

Printed Name: _____

Relationship to Student: _____

Permanent Street Address: _____

City, State, Zip: _____