

COVID-19 Vaccine Liability Release Waiver

By signing this COVID-19 Vaccine Liability Release Waiver (the “Waiver”), you agree and attest as follows:

- That you have read, or had explained to you, the information sheet about this COVID-19 vaccination.
- That you understand and agree that if this vaccine requires two doses, two doses of this vaccine will need to be administered (given) for the vaccine to be effective.
- That you have been given the opportunity to ask questions which were answered to your satisfaction (or ensured the person for whom I authorized to provide surrogate consent was also given a chance to ask questions).
- That you understand the benefits and risks of the vaccination as described and that you request and accept that the COVID-19 vaccination be given to you (or for the person for whom I am authorized to make this request and provide surrogate consent) by CDR Maguire, Inc., acting as an agent of and on behalf of the State of Florida (the “Organization”).
- That you understand that there will be no cost to me for this vaccine and that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health insurance plan, Medicare, Medicaid or other third parties who are financially responsible for your medical care.

By signing this Waiver, you also agree and attest as follows:

- * I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- * I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- * I have not been diagnosed to be infected of COVID-19 virus within the last 30 days.
- * With full knowledge of the risks involved, I hereby release, waive, discharge, and covenant not to sue the Organization, its owners, board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims (legal, administrative, or otherwise), demands, actions, costs, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to the COVID-19 vaccine.

* I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released parties due to injury, loss, or death from or related to COVID-19 or the COVID-19 vaccine.

* I have read and understand the Florida Department of Health Notice of Privacy Practices.

[Notice of Privacy Practices](#)

By signing below, you acknowledge that you have read the foregoing Waiver and understand its contents; that you are at least eighteen (18) years old and fully competent to give consent on your own behalf or for the person for whom you are authorized to make this request and provide surrogate consent.

Sign Here
Date