COVID-19 Vaccination Consent and Release

I hereby give consent to allow the Fulton County Board of Health to administer a COVID-19 vaccination to me or the minor for whom I am a legal guardian, and hereby release, indemnify, and hold harmless the Fulton County Board of Health and the Atlanta Falcons Stadium Company, LLC, their agents, officers, directors, assigns, contractors, successors, and personnel from any liability that may arise out of their acts and omissions. I understand that I may ask questions about the vaccination or my care, or refuse treatment at this time, and that I am voluntarily proceeding.

Patient's name: ________________________________

Date: __________________

Patient's Signature: ________________________________

Signature of parent or guardian if patient is under the age of 18: ________________________________