



County of Yolo

HEALTH DEPARTMENT

Bette G. Hinton, M.D.
Director – Health Officer

20 Cottonwood Street, Woodland, CA 95695
PHONE - (530) 666-8645 FAX - (530) 666-8674

Consent to Participate

Participant Name _____ Birthdate _____
Address _____ City _____ Zip Code _____
Home Phone _____

Parent/Guardian's Name _____ Work Number _____

In consideration for myself and my minor children being permitted by the UC Davis & Yolo County to participate in Mock vaccination clinic I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor children may sustain or which may occur as a result of my or my minor children's participation in these activities.

I understand and agree that:

1. This release is intended to discharge in advance the UC Davis & Yolo County, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
2. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the University, County, its officers, employees and agents, except for their sole negligence or intentional acts;
3. This waiver, release and assumption of risk is to be binding on the heirs and assigns;
4. I will indemnify and to hold the University & County harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor children may sustain while participating in said activities;
5. I will make good any loss or damage or cost the University or County may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
6. In the event that said minor requires medical or surgical treatment while under the supervision of the guardian in connection with the described activity, such supervisor may authorize treatment;
7. I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment;
8. Activities are not child care as defined by the State of California.
9. I understand that University & County staff may photograph or videotape me and/or my minor children and that the University or County may use such photographs or videotapes to promote University or County programs. I expressly allow, and hereby waive any objection to the photographing and/or videotaping of me and/or my minor children when I and/or minor children are participating in Vaccination clinic. I understand all photos and videotapes will remain in the property of UC Davis & Yolo County.

I certify that I have custody or am the legal guardian of said minor by court order, and that said minor is physically able to participate in the activity set forth above.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I understand that this release of liability and a contract between myself and UC Davis & Yolo County, and that I sign it of my own free will.

Parent/Guardian's Name _____ Signature _____ Date _____

In case of emergency, parents will be notified. If parental consent cannot be obtained, please contact:

Name _____ Day Phone _____ Evening Phone _____ Cell Phone/Pager _____