

COVID-19

VACCINATION



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: _____