



COVID-19 VACCINATION CONCENT AND RELEASE

Department of Information Technology
10 Park Place, SE
Atlanta, Georgia 30303
404-613-1205

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: _____

Patients Signature: _____

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