

RELEASE OF LIABILITY FORM

EACH EMPLOYEE REQUESTING IMMUNIZATION SERVICES AT COMPANY'S LOCATION IS REQUIRED TO COMPLETE, SIGN, AND SUBMIT THIS FORM TO THE ATTENDING TECHNICIAN PRIOR TO RECEIVING IMMUNIZATION SERVICES

I, the undersigned, am requesting Immunization Services be provided by Wal-Mart Stores, Inc. ("Provider"), which shall be sponsored by [INSERT THE LEGAL NAME OF COMPANY CONTRACTING WITH]: _____ ("Company").

I release Company and Provider, their agents and employees, and agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to persons or property, regardless of when they occurred and however caused with which Company and Provider and their agents or employees may be charged in connection, directly or indirectly with the Immunization Services.

I further agree to disclose in writing below, all of my physical and medical conditions, limitations and sensitivities, and agree to release and hold Company and Provider and their agents and employees harmless from any liability, claims, damages, actions and causes of action in any way relating to or arising from said conditions, limitations or sensitivities.

I expressly agree that all parts of the Immunization Services process will be undertaken at my own risk, and I represent that I fully understand any risks involved, and that I am able to participate in all Immunization Services provided to me.

I further agree that Company and Provider and their agents and employees shall not be liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever arising out of, or connected with the use of any of their services, facilities or equipment.

Signed:

Signature: _____ Date: _____

Printed Name: _____

Please list all conditions, limitations or sensitivities: _____

Please list any conditions for which you have has seen a physician in the past year: _____

Please list any concerns that you feel the technician should know about: _____
