



**PERTUSSIS (Tdap) VACCINE REFUSAL
& WAIVER OF LIABILITY**

I understand the risks of Pertussis (Whooping Cough), and I elect to refuse the Pertussis (Tdap) Vaccination at this time.

I hereby release and hold harmless the HOPE Medivan, Nineveh Outreach, Calvary Temple Worship Center and its agents, employees, representatives, officers, and directors, from any and all liability, cost damages, causes of action suits, and/or claims of any kind or nature (collectively the "Claims") related to or arising out of my refusal of the Pertussis Vaccination.

The release applies to all Claims, whether known or unknown, foreseen or unforeseen, that I have at any time against the HOPE Medivan, Nineveh Outreach, Calvary Temple Worship Center and its agents, employees, representatives, officers and directors.

This waiver shall be governed and interpreted according to the laws of the State of California. Any dispute relating to this waiver will be settled by binding arbitration in a venue and jurisdiction being in Stanislaus County, California.

As indicated by my signature below, I have read and fully understand the risks of this waiver.

Volunteer Name (please print) _____
Date

Signature

Form 993: Pertussis Waiver (9/2010)

"Restoring hope to our neighbors through compassionate medicine."

HOPE Medivan, a division of Nineveh Outreach – www.ninevehoutreach.com
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