

AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I, _____, acknowledge that I have voluntarily applied to participate in the following activities with, for, or on the premises of the County of Ventura: COVID-19 Vaccination Administration.

I further acknowledge that by voluntarily participating in these activities I will not become an employee, contractor, or agent of the County of the Ventura, and that I will not be entitled to any wages, benefits or other privileges of employment, including workers compensation or other disability insurance coverage.

2. **Assumption of Risk.** I AM AWARE THAT THE ACTIVITIES DESCRIBED MAY BE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE POSSIBLE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH FROM PARTICIPATING IN THESE ACTIVITIES.

3. **Release.** As consideration for being permitted by the County of Ventura to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, or sue, the County of Ventura on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of the County of Ventura as a result of my participation in the described activities. I hereby release the County of Ventura from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the described activities.

4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE COUNTY OF VENTURA AND SIGN IT OF MY OWN FREE WILL.

Executed on _____ Ventura, California.

_____ [signature]

_____ [printed name]