

**ACKNOWLEDGMENT AND WAIVER FORM FOR  
JEWEL-OSCO VACCINATION CLINIC**

Jewel-Osco will host a vaccination clinic at Central Middle School located at 18146 Oak Park Avenue, Tinley Park, IL on May 22 and June 12. If you are interested in receiving a vaccination at the clinic, or if you are the parent/guardian of a student under the age of 18, please review the information below.

**Acknowledgments**

By signing below, I acknowledge that participation in the Jewel-Osco vaccination clinic is entirely voluntary, it is not a requirement of a student to have this vaccine to attend Kirby School District 140, the district has no responsibility for the Clinic. I also knowingly and voluntarily assume and accept all risks associated with my/my student's participation in the Jewel-Osco vaccination clinic. I understand that these risks may include, but are not limited to, potential injury, illness, allergic reaction, and other potential risks of which I may not presently be aware.

**Waiver of Liability**

In consideration of my/my student's participation in Jewel-Osco's vaccination clinic located at Central Middle School, I (Parent/Guardian or Adult Student), on behalf of myself and my student, and my agents, representatives, assigns, heirs, and successors, hereby waive, release, indemnify, hold harmless, and covenant not to sue the District, and its Board of Education, individual Board members, employees, agents, representatives, volunteers, insurers, and assigns, and each and every one of them, from and against any and all claims, suits, liabilities, and causes of action, whether known or unknown, past, present or future, including but not limited to any costs, expenses, attorney's fees, by reason of injury, illness, allergic reaction, property damage, loss, or death, arising out of, in connection with, or in any manner related to my/my student's participation in the Jewel-Osco vaccination clinic at Central Middle School including any vaccination side effects, medical advice, course of treatment, or diagnoses, or related to the sharing of my/my student's identifying information with Jewel-Osco or its agents or affiliates to facilitate the vaccination clinic.

**Participant Information and Signature**

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian/Adult Participant Name

\_\_\_\_\_  
Print Minor's Name (if applicable)