MENINGITIS MEDICAL WAIVER AND RELEASE FORM

If you have questions regarding meningitis, you can find informative information on the CDC website http://www.cdc.gov/meningitis/index.html You do not have to fill this form out if you have received or are going to receive the vaccine.

The Pennsylvania law requires colleges and universities to inform students about meningitis. The law also requires students to either receive the vaccination OR sign a waiver that they have read the information provided inclusive of risks but decided not to receive the vaccination for religious or other reasons.

Students 18 years of age and older must complete. If you are under 18 and you want to waive the meningitis vaccine, your parent must sign the waiver.

I, __________________________________________, certify that I am an adult individual 18 years of age or older or certify that I am the parent of a minor or legal guardian of ______________________________________ (“Student”). I further certify that I have been provided with written information by Gettysburg College explaining the risks associated with meningococcal disease, and the availability and effectiveness of vaccination against the disease and I have reviewed this information. Notwithstanding the information provided, for religious or other reasons, I choose not to be vaccinated/not to have the Student vaccinated against meningococcal disease.

I acknowledge that I am making the decision not to be vaccinated with the full realization that there may be a significant risk of bodily harm, including death, if I/Student contracts the disease.

I hereby assume all the risks associated with my decision not to be vaccinated/not to have the student vaccinated and agree to release and hold harmless Gettysburg College, its trustees, officers, agents, and employees, from any and all liability, actions, causes of action, negligence, debts, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence, recklessness or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by or in connection with my decision.

I agree further to hold harmless and indemnify the College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys’ fees and costs) by any person or the College which may arise by or in connection with my decision not to be vaccinated.

I hereby certify that I voluntarily sign this waiver and release, and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

I further understand that by State law I will not be allowed to reside in College owned housing unless I have either received the vaccine or declined the vaccine by completing the waiver form.

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:

☐ I decline the vaccine.

☐ I decline the vaccine at this point in time, but may wish to have it at a later date.

Date ____________________________ Please print name ____________________________ Student’s signature (if 18 years or older) ____________________________

Parent or Guardian signature (if student is under 18 years of age) ____________________________