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**WAIVER AND RELEASE**

**COVID-19 VIRUS: IMMUNIZATION 2020-2021**

(VOLUNTEER/CHARITY COMMUNITY PARTICIPATION EVENTS)

**ACKNOWLEDGMENTS**: I acknowledge that as a certified/licensed medical professional with experience vaccinating pediatric population student enrolled at the University of Tennessee Health Science Center, I am **voluntarily** undertaking duties, assignments and responsibilities in response to the 2020-2021 COVID-19 pandemic emergency. These volunteer opportunities are sanctioned or approved by UTHSC and by LeBonheur. I agree that I must always remain under the instruction, control and direction of UTHSC/LeBonheur. I understand that I remain subject to the Code of Conduct of UTHSC/LeBonheur as well as policies of the host clinical site, if any. I understand that this is a volunteer activity: I will not be compensated for my services, I will not be considered as an employee, and I am not eligible for workers’ compensation coverage.

**WAIVER AND RELEASE**: I hereby waive and release UTHSC/LeBonheur, as well as its faculty, staff and other students, from, and hold them harmless, as to any claims, causes of action, and or liability, related to my volunteer duties associated with COVID-19 immunizations. This waiver and release includes any action or claim for any personal injury, property damage, or loss, including death, arising as result of any act or action by UTHSC/LeBonheur or the result of the actions and/or conduct of any other person, or agency, whether caused by the negligence of UTHSC/LeBonheur or otherwise. I hereby assume any and all risks inherent as a healthcare provider during healthcare deliver at a clinical or alternative site. I understand that UTHSC/LeBonheur does not maintain an insurance policy covering any circumstance arising from my participation in voluntary off-campus learning or service. I acknowledge that I may not have had an opportunity to be immunized against various diseases, including COVID-19, and even if I have, I understand that immunizations may not be effective or may not exist for all diseases I may encounter. Nothing contained herein shall be deemed or construed to waive or abrogate in any way the sovereign immunity or statutory immunity of the State of Tennessee or UTHSC/LeBonheur, or its officers and employees.

**IN SIGNING THIS WAIVER AND RELEASE**, I represent that I have read and agree to the foregoing acknowledgments, waiver and release of liability, understand it and sign it voluntarily as my own free act; no oral representations, statements or inducements have been made; I am at least eighteen (18) years of age and fully competent to sign.