

267

Your name, address and date here

Going to:

CERTIFIED MAIL #

Affidavit

Release from Liability of Disease

Dear (doctor, school official or government employee):

I, , hereby release you in all ways, legal and otherwise, from any liability or blame that may occur if I, or my child becomes ill to any extent with a disease as a result of not receiving the State of mandated vaccinations.

I as a parent (or individual) of sound mind and body release and totally indemnify you from any claim, fault, liability or blame which may occur as a result of my decision to not vaccinate myself or my child for any particular disease, whether or not such vaccines are mandated by State law. I assume full responsibility for any consequences, legal or otherwise, that follows as a result of my decision to not vaccinate myself, or _____ (child's name).

Signed this day of , (year)

Printed name

Signature

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STATE OF)

)ss

COUNTY OF)

BEFORE ME, the undersigned authority, , known to me (or satisfactorily proven) to be the persons whose names are subscribed to the foregoing instrument, personally appeared and acknowledged to me that they executed the same as their free act and deed for the purposes and considerations herein expressed and the capacity stated, ant that the statements contained herein are true and correct to the best of their information, knowledge, and belief.

Subscribed and sworn to before me this day of , 19 .

IN WITNESS WHEREOF, I have set my hand and official seal:

Notary Public

County,

My commission Expires:

NOTARY SEAL: