

**MONMOUTH UNIVERSITY
OFFICE OF HUMAN RESOURCES**

WAIVER AND RELEASE

I, _____(please print),
acknowledge that my participation in the Vaccination Program is voluntary.
My participation in this program is at my request and is not at the behest of
Monmouth University. I understand that I have the right to ask questions
about the possible risks involved with receiving any of the vaccinations
offered and available and may decline to participate in the program if I so
choose once advised of those risks.

I hereby waive, release and relinquish Monmouth University, its
officers, agents, and employees, from all claims or demands I may have now
or in the future which arise out of or as a result of my participation in the
Program.

(Employee signature)

(Date)