

# AUTAUGA COUNTY BOARD OF EDUCATION PERMISSION SLIP AND WAIVER OF LIABILITY

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_ give permission  
(Printed Name of Parent) (Printed Name of Student)  
for my child to participate in the **Pfizer COVID-19 Vaccination 1** ("the Activity").  
(Printed Name of Activity, e.g. field trip, football, etc.)

I understand that the activity is optional and I may have to make special care arrangements for my child during the time of the activity. I assume all risks and hazards of loss or injury of any kind that may arise in connection with the activity, except for gross negligence or intentional infliction of harm by the Autauga County Board of Education, its officers, employees or agents.

I do hereby agree to release and hold harmless the Board, its officers, employees and agents from any and all claims, costs, suits, actions, judgments and expenses for any damage, loss or injury to my child or damage to my child's property arising from my child's participation in the activity.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE