

**ASSUMPTION OF RISK-AND HOLD HARMLESS AGREEMENT FOR STUDENTS
BEING PERMITTED TO ENROLL AT JOHNSON C. SMITH UNIVERSITY UNDER A
MEDICAL OR RELIGIOUS EXEMPTION***

(*To be completed by a student 18 years of age or older.)

I, _____, have requested that I be exempt from one or more of the immunizations required for students attending Johnson C. Smith University. I realize that to forgo the required immunizations I may be more susceptible to diseases in or around Johnson C. Smith University. I understand that participation in school or school related activities involves certain risks, and may result in illnesses which may lead to death without proper vaccinations. I have had the opportunity to inform myself and am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my enrollment at Johnson C. Smith University without all the required immunizations.

I further acknowledge that I have health insurance and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during my enrollment at Johnson C. Smith University as a result of allowing me to forgo one or more of the immunizations required for students attending Johnson C. Smith University.

Knowing these facts and in consideration of my enrollment at Johnson C. Smith University, I agree to hold harmless Johnson C. Smith University, its officers, directors, Board of Trustees, representatives, employees, and staff from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and cost) arising out of or in connection with my enrollment at Johnson C. Smith University without all the required immunizations whether directly or indirectly, including, but not limited to, any illness, injury, damage or loss to person or property that I may incur or sustain during my enrollment at Johnson C. Smith University.

I acknowledge that I have read this Assumption of Risk and Hold Harmless Agreement in its entirety and fully understand its contents. I am aware that this Assumption of Risk and Hold Harmless Agreement contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury to me, due to me forgoing immunizations required for students attending Johnson C. Smith University. I further acknowledge that I have signed this document voluntarily and of my own free will.

Student's Signature

Date