**Release of Liability, and Acknowledgement of Gift Card for proof of full COVID-19 Vaccination**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received the complete series of COVID-19 Vaccinations of my own free will and have provided proof of my Full Vaccination via a copy of my official Vaccination Card.

By initialing and signing below, I acknowledge the following:

1. That I am taking, or have taken, this Vaccine voluntarily of my own free will and assuming any and all risks, known or unknown, associated with the Vaccine.\_\_\_\_\_\_ (initial).
2. That the Hopland Band of Pomo Indians, including its officers, employees, representatives, and agents (collectively “HBPI”)is not, and cannot be held to be, responsible in any way, legally or otherwise, for any aspect of my having taken the Vaccine, including but not limited to any adverse reaction that I may have to the Vaccine when or after it is given to me. \_\_\_\_\_\_ (initial).
3. That by signing this document, I fully and forever release HBPI of all claims and liability arising from my having taken the Vaccine. \_\_\_\_\_\_\_\_ (initial).
4. That I shall not purchase alcohol or tobacco products with my gift card. \_\_\_\_\_\_ (initial).
5. That I shall not sell or trade my gift card. \_\_\_\_\_\_ (initial)
6. That this gift card is being given as a one-time event. \_\_\_\_\_\_ (initial).
7. There is a limit of one gift card per adult tribal member. \_\_\_\_\_\_ (initial).

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| RECIPIENT:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (in print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | HBPI STAFF:  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |