



Hoplend Band of Pomo Indians

Health and Social Services Department
3000 Shanel Rd., Hopland, California 95449
Phone (707) 472-2100 Fax (707) 462-2729
www.hoplandtribe.com

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.

I understand 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).

I further understand 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. _____.

I further understand that by signing this document, I fully and forever release HBPI of all claims and liability arising from my having taken the Vaccine. _____.

I further understand:

That I shall not purchase alcohol or tobacco products with my gift card. _____.

That I shall not sell or trade my gift card. _____.

I further understand that this gift card is being provided for proof of full vaccination and is: being given as a one-time event. _____.

limited to one gift card per adult tribal member. _____.

RECIPIENT:

Signature: _____

Name (in print): _____

Date: _____

HBPI STAFF:

Title: _____

Name: _____

Signature: _____

Date: _____