

**HEPATITIS B VACCINE DECLINATION
ASSUMPTION OF RISK AND RELEASE**

I, _____ of a student enrolled in the Exercise Physiology Major at the University of Southern Maine (a campus of the University of Maine System) (“University”), Acknowledge, declare and agree as follows:

1. I am over the age of eighteen (18) years, or if not, I have parental consent as evidenced by signature below.
2. I understand that due to my exposure to blood or other potentially infectious materials as a result of my study of Exercise Physiology at the University of Southern Maine, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.
3. Therefore, I do for myself, my heirs and personal representatives, defend, hold harmless, indemnify, and release the University, and all of its officers, agents, and employees from and against all claims, demands, actions, or causes of actions resulting from the contraction of hepatitis which may result from my participation in the Exercise Physiology Major.
4. This assumption of Risk and Release shall remain in effect from the date hereof and every day thereafter that I participate in the Exercise Physiology Major.

Date Signature

Date Co-signature of parent or guardian
if student is under 18 years of age