

**MADERA COUNTY TRANSPORTATION  
COMMISSION  
COVID-19 VACCINATION DECLINATION FORM**

***RELEASE AND LIMITATION OF LIABILITY FOR  
DECLINING TO RECEIVE THE COVID-19  
VACCINE***

**Sign and return this form only if you voluntarily opt not to receive the COVID-19 vaccine.**

1. I understand that my exposure to people with COVID-19 puts me at risk of acquiring COVID-19. I also understand that if I have COVID-19, I can put my co-workers, MCTC customers and guests, and my family and friends at risk of contracting COVID-19.
2. I understand that those who contract COVID-19 may suffer serious illness, up to and including death, and that I can infect others with COVID-19 even if I am experiencing no symptoms.
3. I have been given the opportunity to receive the COVID-19 vaccine. I acknowledge that I understand the significant risks of not obtaining the vaccination, and despite this understanding, I decline to receive the COVID-19 vaccine.
4. I understand that by declining to receive the COVID-19 vaccine, I continue to be at risk of acquiring COVID-19 and that I may be required to work in a non-public setting and may be required to adhere to stricter protective health measures than those who obtain the COVID-19 vaccine, such as wearing a mask during working time and in all work areas.
5. I further understand that my refusal to receive a COVID-19 vaccine substantially increases the risk and likelihood that I may contract COVID-19.
6. I and my heirs and assigns hold the MCTC harmless and free from any liability for my voluntary decision to decline to receive the COVID-19 vaccine. I hereby release and discharge the MCTC, its officers, employees, volunteers, and agents from any and all claims, liability, losses, costs and expenses that I, my heirs, and/or my assigns may incur as a result of my declination to receive the COVID-19 vaccine.
7. Knowing these facts, I choose to decline COVID-19 vaccination at this time. This does not preclude me from choosing to receive the COVID-19 vaccine at a later time.
8. I have read and fully understand the information on this declination form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name