IMMUNIZATION RELEASE FORM  
(For Tours to Countries Where CDC Recommends Immunization)

I, ________________________________________, hereby acknowledge that I understand all the materials, including the U.S. Centers for Disease Control (please refer to www.cdc.gov) guidelines, regarding recommended immunizations for foreign travel to the countries I will visit or travel through as indicated in my provided or will be provided flight itinerary.

I certify that I have followed all CDC recommendations concerning immunizations for my itinerary, or that I have not done so according to my physician’s advice or for other, valid personal reasons for which I accept full responsibility. I further acknowledge and agree that if I for any reason fail to follow all of the CDC recommendations for my itinerary, that I do so of my own volition and at my own risk, with the specific understanding that my decision not to follow said recommendations may have serious and possibly life-threatening consequences. In any event, I expressly and voluntarily release the BYU Student Health Center and Brigham Young University, and their employees and agents, from any and all liability to me or my heirs which may arise by my failure to secure such immunizations or follow said advice, and hereby waive any and all claims which may arise concerning such immunization recommendations.

**If the participant is a minor, his or her parent or guardian hereby agrees to and is also bound by the terms of this release, both for and in behalf of the minor and in the parent or guardian’s own right.

Student Name (Print) : ______________________________________________________
BYU Student ID #: ______________________________________________________
Parent Signature: ________________________________ Date: ______________
Witness: ________________________________ Date: ______________

Please return to:  ISP 101 HRCB, Provo, UT 84604  isp@byu.edu
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