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**HEPATITIS B VACCINATION DECLARATION  
VACCINATION VERIFICATION or ASSUMPTION OF RISK AND RELEASE**

For: [Print Name] \_\_\_\_\_

I understand that my participation in the Firefighters Kids Camp program may result in my possible exposure to blood or other potentially infectious materials, and that I may be at risk of acquiring Hepatitis B virus (HBV) infection.

I declare that I have received the Hepatitis B virus (HBV) vaccination series.

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Signature and Date

**- OR -**

I recognize the need to be vaccinated with Hepatitis B vaccine at my own expense; 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.

Therefore, I do for myself, my heirs and personal representatives, defend, hold harmless, indemnify, and release the Firefighters Burn Institute, and all of its officers, agents and employees from and against all claims, demands, actions, or causes resulting from the contraction of Hepatitis which may result from my participation in the Firefighters Kids Camp program.

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Signature and Date