TRAIL LIFE USA™

IMMUNIZATION EXEMPTION REQUEST

On religious, philosophical, or medical grounds, I request exemption ☐ for me and/or ☐ my child from all vaccinations and/or immunizations required by Trail Life USA and/or any independent camp or facility for attendance or participation in any activity. I understand that a medical evaluation and screening by a licensed health-care practitioner is necessary to reduce the possibility of exposing other participants to a communicable disease and to maximize the health and safety of me and/or my child from contracting a disease.

In consideration of these exemptions, I understand that I accept complete responsibility for the health for me and/or my child, and I hereby release and agree to hold harmless Trail Life USA and any of its officers, employees, volunteers, agents, and representatives from any liability that might arise during Trail Life activities by virtue of this exemption. It is further understood that, should an emergency arise, (name) _____, (telephone)_____, will be notified immediately. In the event that this contact cannot be located immediately Trail Life USA authorities may take such temporary measures as they deem necessary.

_____ _____

Participant signature Parent / guardian signature

Date: _____

Name (print): _____

Address: _____

City, State, Zip: _____

Troop #: _____Troop Leader name: _____ Phone #: _____