

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 the Texas Civil War Living History Institute for participation in Historical Immersion events. I understand that a medical evaluation and screening by a licensed health-care practitioner is necessary to reduce the possibility of exposing other event participants to a communicable disease.

In consideration of these exemptions, I understand that I accept complete responsibility for the health of me and/or my child, and I hereby release and agree to hold harmless the Texas Civil War Living History Institute and any of its officers, agents, employees, volunteers, related parties, or other organizations associated with any program or activity from any liability that might arise during Historical Immersion 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, the Texas Civil War Living History Institute authorities may take such temporary measures as they deem necessary.

Participant Signature: _____

Parent/guardian signature: _____

Date: _____

Name (print): _____

Address: _____

City, State, ZIP: _____

