

Winter (until May 11)  
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Eden Prairie, MN 55344  
Fax 952.922.7149  
Voice 952.922.2545  
800.242.1909



Summer (after May 11)  
PO Box 1308  
Lake Hubert, MN 56459  
Fax 218.963.2447  
Voice 218.963.2339  
800.242.1909

## 2019 Exemption from Immunization Requirements Form

**PLEASE PRINT & Return this form at least 3 weeks before you or your child arrives at camp.**

### What is the purpose of this form?

Because camp has a potential for communicable diseases related to the length of time people are in contact with others from around the world, we ask that campers are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria.

This being said, the camp also recognizes that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief). This form is intended to capture information about individuals who are not fully immunized.

### Who should complete this form?

- A custodial parent/legal guardian of an underage camper who is not fully immunized.
- An adult camper, including a staff member, who is not fully immunized.

Full Legal Name of Camper/Staff: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Session Dates: \_\_\_\_\_

Camp: \_\_\_\_\_

I request that myself or my camper be exempt from the immunizations required for attendance at camp. The reason(s) for this request is as follows:

\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge and belief, the camper named above is and has been in normal good health and is free from all communicable or contagious disease. Should this camper show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical examination may be performed. I also agree that if any such disease is found, we – that named individual and his/her family – will comply with the quarantine or isolation procedures required of the camp as directed by the Minnesota Department of Health.

It is further understood that, should a health urgency occur, I will be notified using the information on my camper's Health Form. However, in the event that I cannot be located, the Camp Director and healthcare staff of camp may take the temporary measures they deem necessary to protect the health status of this camper and the camp community.

I release and forever discharge the camp and each and every one of its officers, directors, employees, agents, insurers, affiliates, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the Released Parties) from all causes of action, suits, claims, demands or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness and treatment of the camper listed above.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness and treatment of my camper against the Released Parties.

I represent and acknowledge that I have read and understand the agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

**Signature of Person Providing this Information:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form at least three weeks before your child arrives to the camp office.

Thank you for helping us provide a great camp experience for your child!