IMMUNIZATION WAIVER

I, ____________________________________________, the parent/legal guardian(s) of ________________________________ hereby acknowledge that my/our child is not immunized according to the immunization schedule recommended by the American Academy of Pediatrics.

Please mark the appropriate statement as it applies to this child:

_____ My/Our child has not received ANY immunizations.

_____ My/Our child has not received the following immunizations:

__________________________________________

__________________________________________

My/Our child has not been immunized according to the immunization schedule recommended by the American Academy of Pediatrics for the following reason:

_____ Medical Disability (Attach a letter from a certified Health Care Provider detailing the specific medical disability which precludes the child from receiving immunizations.)

_____ Religious Doctrine, Tenant or Law (Attach a letter from your religious leader detailing the mandated religious tenant, doctrine or law which precludes the child from receiving immunizations.)

_____ Personal Conviction

I further recognize that my child is at risk of contracting the disease(s) he/she is not immunized against and that should he/she contract any of these diseases he/she will be excluded from participating in the program until he/she is no longer contagious, with doctor’s permission to resume activities. I recognize that while many other children in the program are immunized, this does not mean that the bacteria/viruses that cause these diseases are not present. In fact, it is likely that the bacteria/viruses are present as a natural part of life and may present a risk of infection to my child. Recognizing all of these factors, as well as others discussed with my child’s health care provider, I have made the conscious choice not to immunize my child and will not hold Conanicut Island Sailing Foundation responsible, liable, nor negligent in any way, should my child contract one or more of the diseases for which he/she not immunized.

__________________________________________
Parent/Guardian Signature

__________________________________________
Date