



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