

**Only complete this form if you are requesting that:**

- a. Your son be exempt from immunizations requirement, based on religious grounds or due to a severe allergy.
- b. Your son be exempt from certain camp activities, based on religious grounds.

Winona retains the right to decline acceptance to a child who is not fully immunized based upon CDC immunization recommendations. Winona does not allow for “personal belief” exemptions.

**WINONA CAMPS FOR BOYS**  
RELEASE EXEMPTION FROM IMMUNIZATION REQUIREMENTS  
AND/OR WAIVER OF SPECIFIED MEDICAL TREATMENT

It is respectfully requested that \_\_\_\_\_ be exempted upon religious grounds / severe allergy from all immunization requirements required for attendance at the camp. To the best of my knowledge and belief, he is and has been, in normal good health and is free from all communicable or contagious diseases.

and/or

It is respectfully requested that \_\_\_\_\_ be exempted upon religious grounds from \_\_\_\_\_ (i.e., certain activities) while attending camp.

Should \_\_\_\_\_ manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious disease, I agree that a physical examination may be performed. Also, I agree that if any such disease is found, \_\_\_\_\_ will comply with the regular quarantine or isolation procedures of the camp and of the community.

It is further understood that should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately, the authorities of the camp may take such temporary measures as they deem necessary.

I release and forever discharge the camp and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, 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 \_\_\_\_\_.

In the event my son is removed from the camp community setting for his safety, or for the safety of others in the community, I understand I will be responsible for incurred travel and lodging expenses.

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 against the Released Parties.

I represent and acknowledge that I have read and understand this 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 Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_