

# Camp Beausite Northwest

## Religious Exemption Request from COVID-19 Vaccination



Camper Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Camp Beausite Northwest's policy requires that all campers, staff, and volunteers receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. Camp Beausite Northwest is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Religious exemptions, if approved, will remain in effect until December 31 of the next calendar year. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of Camp Beausite Northwest.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the CBNW website. In the event of an outbreak at camp, individuals holding exemptions may be excluded from all camp programs, for their protection, until the outbreak is declared to be over.

Camp Beausite Northwest will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified if an exemption has been granted or denied. The decisions of CBNW are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Read the [CDC COVID-19 Vaccine Information](#)
- Complete and sign the following page of this form
- Complete the Personal Statement Form
- Have your religious leader complete the Religious Organization Statement Form
- Submit the completed documents

*Note: Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.*

# CERTIFICATION FORM



Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Camp Beausite Northwest to the required vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with additional COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from Camp Beausite Northwest facilities and activities. I agree to comply with these restrictions and accept responsibility for communicating with the CBNW COVID-19 Response Team as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19 and am registered for a CBNW program, I will immediately report it to Camp Beausite Northwest (email to <a href="mailto:madrian@campbeausitenw.org">madrian@campbeausitenw.org</a> ) and comply with all isolation and quarantine procedures specified by county and state mandates.
	I acknowledge that I have read the <a href="#">CDC COVID-19 Vaccine Information</a> .
	I understand and agree to comply with and abide by all Camp Beausite Northwest COVID-19 policies and procedures.
	I understand that this exemption is only valid for the approved period and I may need to submit a new request for any subsequent changes or on expiration of an approved exemption.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked at any time.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



