

**Exemption From
Immunization Requirements**

Updated May 2009

What is the purpose of this form?

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

This being said, the Language Villages 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 villager who is not fully immunized.
- An adult participant, including a staff member, who is not fully immunized.

I requested that _____, enrolled in session _____, be exempted
Name of Individual Letter+Letter+ Number+Number
from the immunizations required for attendance at the Concordia Language Villages. The reason for this request is as follows:

To the best of my knowledge and belief, the person named above is and has been in normal good health and is free from all communicable or contagious disease. Should this participant 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 – the named individual and his/her family – will comply with the quarantine or isolation procedures required of the Concordia Language Villages as directed by the Minnesota Department of Health.

It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that I cannot be located immediately, the Dean and healthcare staff of Concordia Language Villages may take the temporary measures they deem necessary to protect the health status of this participant.

I release and forever discharge the Concordia Language Villages 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

Name of Individual

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 _____ against the Released Parties.
Name of Individual

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.

Date: _____ Signature of Parent/Guardian: _____

Street Address

City

State

Phone Number