



## **CAMP WOODBROOKE NON-VACCINATION WAIVER & RELEASE OF LIABILITY**

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

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Camp Woodbrooke strongly encourages campers to be vaccinated in accordance with public health guidelines. We understand that some families choose not to vaccinate due to personal, medical, or religious beliefs. In such cases, we require a signed waiver acknowledging the risks involved and releasing Camp Woodbrooke from liability.

### **1. Acknowledgment of Risk**

I, the undersigned parent/legal guardian, acknowledge and understand that:

- My child is **not fully vaccinated** against one or more communicable diseases, including but not limited to measles, mumps, rubella, pertussis, and COVID-19.
- Camp Woodbrooke is a communal environment where contagious diseases can spread easily.
- My child may be exposed to diseases that vaccinations are intended to prevent.
- The absence of vaccination may increase the likelihood of my child contracting and/or transmitting a communicable disease.

### **2. Assumption of Responsibility**

I accept full responsibility for my decision not to vaccinate my child. I understand the potential consequences, including:

- Risk of illness or infection for my child and others;
- Possible exclusion from camp activities or the program in the event of an outbreak, per public health directives;
- Potential quarantine or removal from camp without refund if necessary to protect other campers and staff.



### 3. Release and Waiver of Liability

In consideration for my child's participation in Camp Woodbrooke programming, I agree to release, waive, and discharge Camp Woodbrooke, its employees, volunteers, board members, and affiliated organizations from any and all liability, claims, demands, actions, or causes of action arising out of or related to illness, injury, or death that may result from my child's non-vaccination status.

I further agree to indemnify and hold harmless Camp Woodbrooke from any claims brought against it resulting from or related to my child's participation in the program while not fully vaccinated.

### 4. Confirmation

By signing below, I confirm that:

- I have read and understand this waiver;
- I am legally authorized to sign on behalf of the child named above;
- I voluntarily assume all risks associated with my child's non-vaccination.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_