

Exemption requests must be received by May 2nd, 2022.

Name: _____

Birth Date: _____

If an exemption is approved, proof of a **negative COVID-19 test** administered by a medical professional and performed no earlier than **Monday, May 30th, 2022**, will be **REQUIRED** to attend BLFC.

I am being informed of the following:

- COVID-19 vaccines are available free of charge in any US State.
- COVID-19 vaccination is recommended for me and for all other attendees of BLFC to protect me and other attendees from COVID-19 and its complications, including serious illness and death.
- If I contract COVID-19, I may spread the virus for 10-14 days without exhibiting symptoms, which may place family, friends, and other community members at risk.
- I understand that I cannot get COVID-19 from the COVID-19 vaccines.

If I chose to request an exemption, I acknowledge the following:

- I understand that BLFC must approve all exemption requests and may require additional documentation as part of that process.
- I understand that individuals who are not vaccinated against COVID-19 because they received an exemption may be required to follow additional health and safety precautions not applicable to fully vaccinated individuals including but not limited to:
 - Asymptomatic testing
 - Masking and social distancing
 - Isolation if I exhibit symptoms of COVID-19 during the event
 - Limitations of access to certain events, spaces, roles, and activities

Select one:

I am requesting an exemption from vaccination.

I am requesting an exemption from a booster dose, after receiving an initial vaccination series.

Select a reason:

I have a documented severe allergy to each of the available vaccines.

I am receiving immunosuppressive treatment and have been advised by my medical provider to defer vaccination until a future date.

I have another medical condition and have been advised by my medical provider to defer vaccination until a future date.

Please complete the written statement and signature sections on the next page.

BLFC 2022 COVID-19 Vaccination – Exemption Request Form

Explain the reason for your medical exemption request. Additional information may be requested.

A signed doctor statement (including license #, address, and phone number) may be included, but is not required to initiate a request. A doctor statement may be required after review.

**Submitting this request fraudulently or with false information
may result in a lifetime ban from BLFC.**

Email: _____ **Phone:** _____
Use the same email you used to register for BLFC.

Signature: _____ **Date:** _____

**Once complete, send this form and any additional documentation to
vax@goblfc.org**

*If you are unable to print, sign, & scan; you may submit without a signature.
Unsigned submissions are still subject to the fraudulent request policy above.*

**All attendees granted an exemption are required to bring a
signed copy of this form with them to registration.**

*All documents submitted will be retained as required to comply with relevant Nevada statutes of
limitations. Documents will be securely destroyed after this period.*