

Exemption requests must be received by Sept 30th, 2023.

If an exemption is approved, proof of a **negative COVID-19 test** administered by a medical professional and performed no earlier than **Friday, October 27th, 2023**, will be **REQUIRED** to attend BLFC.

I am being informed of the following:

- COVID-19 vaccination is recommended to protect from COVID-19 and its complications, including serious illness and death.
- If COVID-19 is contracted, it may be spread to others for 10-14 days, without exhibiting symptoms, which may place family, friends, and other community members at risk.
- It is not possible to get COVID-19 from the COVID-19 vaccines.
- Exemptions are only offered for medical reasons.

If I chose to request an exemption, I acknowledge and agree to 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

**PLEASE COMPLETE ALL SECTIONS ON THE NEXT PAGE,
INCLUDING THE WRITTEN STATEMENT AND SIGNATURE SECTION.**

*If you are unable to print, sign, & scan, you may submit the form without a signature.
A signed form will be required at 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.

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

BLFC 2023 COVID-19 Vaccination – Exemption Request Form

Name: _____ **Birth Date:** _____

Select ONE:

- I have a documented severe allergy to each of the available vaccines.
- I am receiving immunosuppressive treatment and have been advised to defer vaccination.
- I have another medical condition and have been advised by my medical provider to defer vaccination until a future date.

Explain the reason for your medical exemption request in the blank area below.

A signed doctor statement (with license #, address, & phone) may be included, but is not required to initiate a request. Additional information or a doctor statement may be required after review.

Submitting fraudulent or 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 APPROVED, YOU MUST BRING THIS SIGNED FORM TO REGISTRATION