

**Exemption requests must be received by Sept 30<sup>th</sup>, 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 27<sup>th</sup>, 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

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**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.

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**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](mailto:vax@goblfc.org)

**IF APPROVED, YOU MUST BRING THIS SIGNED FORM TO REGISTRATION**