

**ADULT
REQUEST FOR RELIGIOUS EXEMPTION
FROM MEDICAL CARE AND TREATMENT**

I request exemption on religious grounds from all vaccinations and/or immunizations required for attendance to Camp _____ operated by the _____ Council, Boy Scouts of America. I understand that a medical evaluation and screening by a licensed health care practitioner is necessary to reduce the possibility of exposing other camp participants to a communicable disease.

I further request to be exempted from all medical treatment en route to, from, and during this Scout encampment.

In consideration of these exemptions, I understand that I accept complete responsibility for my health, and I hereby release and agree to hold harmless the Boy Scouts of America and any of its officers, agents, and representatives from any liability that might arise during Scouting activities by virtue of this exemption. It is further understood that, should an emergency arise, (name) _____ (telephone) _____ will be notified immediately. In the event that they cannot be located immediately, the Boy Scouts of America authorities may take such temporary measures as they deem necessary.

Signature

Name (print): _____

Address: _____

City: _____

State: _____

ZIP: _____

Date: _____