

# Texas Renaissance Festival

## Request for Medical Exemption from COVID-19 Vaccine

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Booth #: \_\_\_\_\_

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

TRF policy requires that all participants receive a COVID-19 vaccination. A medical exemption may be granted upon receipt of a completed form (below) signed by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition. TRF is committed to providing a safe, inclusive, and supportive experience for all and recognizes existing medical conditions as it pertains to the practice of vaccination.

Medical exemptions must be requested. If approved, the exemption will remain in effect for the duration of the current season. Individuals with approved exemptions may request to recertify exemptions each year.

**Individuals with an approved exemption are required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval, and as may be, updated by later notification and/or posting of requirements on the TRF website. In the event of an outbreak, individuals with exemptions may be excluded from participation, until the outbreak is declared to be over.**

TRF will carefully review each request and determine whether the request should be granted. After your request has been reviewed and processed, you will be notified, whether an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

**Important Note:** Participants medical immunization exemptions will be reviewed by TRF management. Please note that requesting an exemption does not equate to registration as an individual with a disability.

- Read the [CDC COVID-19 Vaccine Information](#);
- Complete and sign the following page of this form.
- Submit the completed document by September 17, 2021

*Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.* Information provided on this form will remain confidential

**Initial next to each of the statements below:**

	I request exemption from the COVID-19 vaccination requirement due to a medical condition. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the Texas Renaissance Festival (TRF) to the required vaccinations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned. I agree to comply with these restrictions and accept responsibility for communicating with my supervisors, as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to TRF and comply with all isolation and quarantine procedures specified by TRF.
	I acknowledge that I have read the <a href="#">CDC COVID-19 Vaccine Information</a> .
	I understand and agree to comply with and abide by all TRF policies and procedures.
	I understand that, if approved, this exemption is provisional based on the current TRF COVID19 vaccination policy and is subject to change based on TRF requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Care Provider Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Please return a completed copy of this form to

TRF Human Resources

21778 FM 1774, Todd Mission, Texas 77363

or at [humanresources@texrenfest.com](mailto:humanresources@texrenfest.com)

Information provided on this form will remain confident