

**COVID-19 VACCINE
ASSUMPTION OF RISK, WAIVER, AND RELEASE**

For use by Students that are not vaccinated for COVID-19
(Please read carefully before signing)

I, _____ (Name of Parent), as parent/legal guardian of _____ (Name of Student), I knowingly and voluntarily covenant and agree as follows:

I request an exemption from the COVID-19 Vaccine Mandate based on the following and have completed the accompanying exemption form (check one)

_____ Medical Exemption

_____ Non-Medical Exemption

_____ Age-Based Exemption

_____ Not Fully Vaccinated*

*Students 12 years and older are considered fully vaccinated for COVID-19 two weeks after their second dose in a 2-dose series of the Pfizer vaccine.

Regardless of the steps taken by the Santa Fe Indian School ("SFIS") to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my child accessing and using the SFIS Property during the COVID-19 pandemic, including, but not limited to, being exposed to and contracting COVID-19 from individuals, surfaces, and airborne particles. I further understand that no actions by SFIS will guarantee that I will not contract COVID-19.

On behalf of my child, and his/her heirs, successors, and assigns, by accessing and using the Property, I knowingly and freely assume all risks, both known and unknown, related to COVID-19, including all illnesses, injuries, damages or death arising therefrom.

On behalf of my child, and his/her heirs, successors and assigns, voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Santa Fe Indian School, its staff, board, officers, affiliates, insurers, successors, and agents (collectively, the "Indemnified") from any and all claims, demands, torts, contracts, obligations, suits, actions, causes of action, or damages ("Losses") arising from or related to COVID-19 connected in any way with my child's access or use of the SFIS Property, including, but not limited to, claims based on the alleged negligence of any Indemnified or any other person. I further promise not to sue SFIS or any Indemnified for any illness, injury, death, or other Losses arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Losses resulting therefrom. I have read this COVID-19 Assumption of Risk, Waiver, and Release carefully and understand its terms.

_____ I understand and agree that because my child is not fully vaccinated that he/she will be held to (initials) restrictions established by the Centers for Disease Control (CDC) Guidance and the Santa Fe Indian School Guidance.

I executed this Agreement knowingly, freely, and voluntarily without any inducement, duress or coercion, intending to be legally bound.

Printed Name (Parent/Legal Guardian)

Date:

Signature

Printed Name (Student)

Date:

Signature

**COVID-19 VACCINE MANDATE
STUDENT EXEMPTION FORM**

A parent or guardian may exempt their child from the COVID-19 vaccination by submitting this completed form to Santa Fe Indian School. A person who has been exempted from the COVID-19 vaccination is considered at risk for COVID-19. Immunization is one of the best ways to protect people from getting and spreading COVID-19.

Child Information	
Full Name:	Date of Birth:
Parent/Guardian Information:	
Full Name:	Mailing Address:
Phone:	Email Address:
Age-Based Exemption	
<p><i>Parent/Guardian Declaration:</i> My child is not eligible for a COVID-19 vaccine due to his/her age. Once my child is eligible for a COVID-19 vaccine, I agree to either (1) have my child vaccinated for COVID-19; or (2) complete another Exemption Form. I have been told that because my child is not vaccinated for COVID-19 that he/she will be held to restrictions established by the Centers for Disease Control (CDC) Guidance and Santa Fe Indian School guidance. The information on this form is complete and correct.</p> <p>_____ Date _____ Printed Name (Parent/Legal Guardian)</p> <p>_____ Signature</p>	
Medical Exemption	
<p>A health care practitioner may grant a medical exemption to the COVID-19 vaccination required to attend the Santa Fe Indian School campus in SY21-22.</p> <p><i>Health Care Practitioner Declaration:</i> I declare that vaccination for COVID-19 is not advisable for this child for medical reasons. I have discussed the benefits and risks of COVID-19 immunization with the parent/guardian as a condition for exempting their child. I certify that I am a qualified health care practitioner licensed in the state listed below and the information provided on this form is complete and correct.</p> <p>_____ State of License, License # Licensed Health Care Practitioner Name</p> <p>_____ Date Licensed Health Care Practitioner Signature</p> <p><i>Parent/Guardian Declaration:</i> I have discussed the benefits and risks of COVID-19 immunization with the health care practitioner granting this medical exemption. I have been told that because my child is not vaccinated for COVID-19 that he/she will be held to restrictions established by the Centers for Disease Control (CDC) Guidance and Santa Fe Indian School guidance. The information on this form is complete and correct.</p> <p>_____ Date _____ Printed Name (Parent/Legal Guardian)</p> <p>_____ Signature</p>	

Non-Medical Exemption

I am exempting my child from the requirement that my child be vaccinated against COVID-19 to attend the Santa Fe Indian School campus in SY21-22 due to non-medical reasons.

Parent/Guardian Declaration:

The required COVID-19 vaccine is in conflict with my personal, philosophical, or religious beliefs OR my child is not yet fully vaccinated for COVID-19*.

I have been told that because my child is not vaccinated for COVID-19 that he/she will be held to restrictions established by the Centers for Disease Control (CDC) Guidance and Santa Fe Indian School guidance. I understand that Non-Medical exemptions may not be continually accepted if it creates an undue issue or concern that contradicts the greater good of Santa Fe Indian School. The information on this form is complete and correct.

*Students 12 years and older are considered fully vaccinated for COVID-19 two weeks after their second dose in a 2-dose series of the Pfizer vaccine.

_____ Date _____
Printed Name (Parent/Legal Guardian)

Signature