



Awe Star Immunization Requirements Waiver

I _____ [Parent or Guardian] in consideration of _____'s [Student] participation in the Oklahoma Mission Trip June 7-July 5 in various cities throughout the state of Oklahoma, hereby understand the vaccination requirements of these vaccine-preventable diseases of the CDC recommended travel vaccines as listed but not limited to the following:

Hepatitis A

Tetanus (DTaP, Tdap, Td)

Measles(MMR)

As the child's parent or guardian, I am exempting my child from said vaccines. I hereby release Awe Star Ministries, also known as Awe Star Missions, its officers, employees, agents, and any other people officially connected with this event, from any and all liability for sickness, legal entanglements, death, or loss of money, which might occur due to lack of vaccination while participating in this event. I am aware of the health risks of participation without being vaccinated and that my child may contract a vaccine-preventable disease. I hereby state that _____ is in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

Name of Child

Birthdate of Child
