



Immunization Waiver and Assumption of Risk

The undersigned, _____, voluntarily makes and grants this Waiver
(Parent/Authorized Representative)
and Assumption of Risk to exempt my child, _____, from
(Child's Name)
immunizations. I have been notified of the risks from not having my child immunized.

I do hereby waive and release Destiny Christian Academy and staff and Destiny Church of any and all claims whether in contract or of personal injury, bodily injury, and death. I do understand and recognize there are certain risks, dangers and perils connected with my decisions to have my child exempt from receiving immunizations. I accept full responsibility for any and all injuries to my child.

This Waiver and Assumption of Risk is effective from _____ to _____
(Date) (Date)
inclusive and may not be altered unless I choose to have my child immunized.

Parent/Authorized Representative Printed Name: _____

Parent/Authorized Representative Signature: _____

Address: _____

Date: _____

Student Name: _____