

SELF-ATTESTATION OF RELEVANT HUMAN RIGHTS PROTECTED

GROUND TO DECLINE THE COVID-19 VACCINE FORM

I, _____, am electing to decline the COVID-19 vaccine, on the basis of

Print Name

religious belief (Creed) or disability as a relevant human right protected ground.

I acknowledge that the COVID-19 vaccine is required as a member of the Alliance Minor Hockey Association.

I attest and say as follows:

1. Immunization conflicts with my sincerely held religious convictions and/or another relevant human rights protected ground.
2. I make this attestation for the purposes of complying with the requirements of the Alliance Minor Hockey Vaccine Policy and for no other or improper purpose.

In choosing to decline a highly recommended vaccine(s)/test(s), I understand that I am assuming the risks associated with not receiving the required COVID-19 vaccine, which may include:

- Acquiring an infection.
- Transmitting an infection.
- Experiencing complications from an infection; and/or
- Having to undergo medical treatment/follow-up after an infection exposure.

Signature: _____ Date: _____

Name of Witness (print): _____

Signature: _____ Date: _____