



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF INDIGENOUS PEOPLE

EXEMPTION OF IMMUNIZATION REQUIREMENTS
WAIVER / AFFIDAVIT

CHILD'S NAME: _____

SCHOOL & LOCATION: _____

GRADE: _____

I, _____, am a descendant of the American Indian Nation / Tribe

It is against my deep, sincerely held spiritual / religious beliefs, customs and traditions to accept the injection of any foreign substance into my or my family member's bodies.

This includes, but is not limited to: Any and All Vaccinations, Shots, Tests for Diseases, without explicit permission from _____ (PARENT OR GUARDIAN NAME) _____, Oral Vaccines, Epidermal Patches and in any other way that Live or Killed Bacterium, Viruses, Pathogens, Germs, or any other Microorganisms may be introduced into or upon me or my family member's bodies.

This written statement is to exempt my family members from the *immunization requirement* because I hold genuine and sincere personal religious belief and have Spiritual traditional / cultural beliefs which are inconsistent with these medical procedures and experimentation. The practice of vaccination and the injection of any foreign substance are contrary to my conscientiously held religious beliefs and practices, and violate the free exercise of my religious principles.

Furthermore, according to (ANY LAWS THAT APPLY IN YOUR STATE) _____

Also, according to (**FEDERAL**) 42 U.S. Code § 1996 - **Protection and preservation of traditional religions of Native Americans:**

“On and after August 11, 1978, it shall be the policy of the United States to **protect and preserve for American Indians their inherent right of freedom to believe, express, and exercise the traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites.**” And;

(INTERNATIONAL) United Nations Declaration on the Rights of Indigenous Peoples (UN 1994) Article 13:

"Indigenous peoples have the right to manifest, **practice**, develop and teach **their spiritual and religious traditions, customs** and ceremonies; the right to maintain, protect, and have access in privacy to their religious and cultural sites; the right to the use and control of ceremonial objects; and the right to the repatriation of human remains." And;

Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief (UN 1981):

"Article 1(1): **Everyone shall have the right to freedom of thought, conscience and religion.** This right shall include **freedom to have a religion or whatever belief of his choice, and freedom, either individually or in community with others and in public or in private, to manifest his religion** or belief in worship, observance, practice and teaching.";

Article 1(2): No one shall be subject to **coercion which would impair his freedom to have a religion or belief of his choice.**" ; and

Article 4(1): "All States shall take effective measures to **prevent and eliminate discrimination on the grounds of religion or belief.**"

I, _____ (SIGNATURE) _____, affirm that the information in this

Waiver / Affidavit is true and that the immunization / immunizations to which I object conflict with my spiritual beliefs.

Notice

Using a notary on this document does not constitute any adhesion and is specifically utilized, should it be required, as Verified Affidavit in a Court of Law and for Verification of Identification.

NOTARY

Subscribed and affirmed to before me, a Notary Public in and for the County of _____,
and State of _____, on this ____ day of _____ in the
year of _____.

Notary Signature: _____

(Notary Print Name)

My commission expires on: _____

My address: _____