

COVID-19 VACCINATION EXEMPTION REQUEST FORM

As of September 30, 2021, all patrons entering any Comedy Works, Inc. or Comedy Works South, LLC. owned and operated space will be required to be fully vaccinated, unless prohibited by local or state law. Any patron who has either (1) a medical condition or disability that prevents taking the COVID-19 vaccine or (2) a sincerely held religious belief, practice or observance that prevents the person from taking the vaccine will be permitted, as a reasonable accommodation, and required to provide proof of a negative COVID-19 test taken within 72 hours of the performance start time in lieu of proof of vaccination.

Anyone who requests such accommodation (for themselves or their minor child or ward) will be required to (1) complete and sign the form below, (2) bring the completed and signed form to the event, and (3) bring evidence of a negative COVID-19 test result (molecular, PCR or antigen) that was administered by an official testing center to the event. Test results must be dated no more than 72 hours prior to entry. Home testing kit results will not be accepted for entry. Masks are required regardless of accommodation for all patrons.

Attendee & Event Information

Attendee Full Name (Please Print):	
Event Attending:	
Event Location:	<input type="checkbox"/> Downtown <input type="checkbox"/> South <input type="checkbox"/> Other: _____
Event Date & Time:	
Exemption Type:	<input type="checkbox"/> Medical <input type="checkbox"/> Disability <input type="checkbox"/> Religious

By signing below, I attest that I am requesting, for myself (or my minor child or ward), a reasonable accommodation due to a medical condition, disability or religious belief that prevents me (or my minor child or ward) from receiving the COVID-19 vaccine. Further, I understand that I (on behalf of myself or my minor child or ward) am required to show proof of a negative COVID-19 test (molecular, PCR or antigen) within 72 hours of the event and I understand that Comedy Works will not provide an accommodation to the testing requirement. I understand that if I (or my minor child or ward) am unable to provide proof of the negative test on the date of the event, I (or my minor child or ward) will not be allowed into the event and will not be eligible for a refund.

Attendee:

Parent or Legal Guardian (if applicable):

Signature: _____

Signature: _____

Date: _____

Print Name: _____

Relationship: _____

Date: _____

