Sweet Adelines International
74th Annual Convention and Competition
September 12-17, 2022
Phoenix, Arizona, USA
Application for Exemption

The well-being of Sweet Adelines members and attendees is our top priority as we return to in-person events. While it's impossible to eliminate all risks related to COVID-19, Sweet Adelines has implemented protective measures for the health and safety of those attending 2022 in-person events, requiring all staff, attendees, and faculty at the 74th Annual Convention and Competition to be fully vaccinated against COVID-19. Anyone who has a medical condition, disability, or religious/spiritual belief or practice that does not allow taking the COVID-19 vaccine can apply for an exemption.

REQUIRED to apply for an exemption:

1. Completed and signed COVID-19 Vaccination Exemption Application (this document).

2. A signed letter from either a certified medical doctor or religious/spiritual leader confirming that you are not able to receive the COVID-19 Vaccine.

3. Negative COVID-19 (Molecular, PCR, or Antigen) test within 72 hours prior to picking up your registration packet. Home testing kits will not be accepted.

By signing below, I acknowledge that I am applying for an exemption from the vaccine requirements for the 74th Annual Convention and Competition in Phoenix, Arizona due to a medical condition, disability, or religious/spiritual belief or practice that prevents me from receiving the COVID-19 vaccine. I understand that I am required to show proof of a negative COVID-19 test within 72 hours of the event and that Sweet Adelines International will not be able to grant exemption without proof of a negative COVID-19 test. I understand that if I am unable to provide proof of the negative test on the date of the event, I will not be allowed to attend the convention and competition, but will be eligible for a registration refund.

Applications and letters can be submitted after July 1, 2022. The upload process will be detailed before July 1. Negative test results must be uploaded to the third-party portal.

Type: ◯ Medical Exemption ◯ Religious/Spiritual Exemption

Printed Name:_____ **Member Number (If applicable):**_____

Signature:_____ **Date:**_____