

Rail Events Productions Face Covering Exemption Request

Submit to facecoveringexemption@raileventsin.com a minimum of 14 days prior to scheduled trip

Pursuant to federal law, only individuals with a disability who cannot wear a face covering or cannot safely wear a face covering because of the disability, for example, individuals who do not know how to remove their face covering, cannot remove them on their own, or cannot communicate promptly to ask someone else to remove their face covering are eligible to request a face covering exemption.

Individuals for whom wearing a face covering may only be difficult are *not* eligible to request a face covering exemption. More details on the CDC order and what qualifies for an exemption can be found here: <https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html#disability-exemptions>

Passenger name (print): _____

Passenger age: _____

Event Location: _____

Desired Date/Time: _____

Initial Below:

_____ I understand that Rail Events Productions, in its sole discretion and in accordance with CDC/TSA standards, will determine whether to approve my face covering exemption request.

_____ I understand that Rail Events Productions requires, in order to request a face covering exemption, that I provide proof of a negative COVID-19 PCR test result taken within 72 hours of my scheduled departure.

_____ I understand that Rail Events Productions may require me or my party to move to alternate seats or change our itinerary to less-full departures to allow for greater social distancing from other passengers on board, if possible. Rail Events Productions will advise regarding the alternatives, and changes to trains under these circumstances will be made at no additional cost.

_____ I understand that if Rail Events Productions approves my face covering exemption request, I need to print the approval letter, carry it on my person, and will need to show it to staff at the event.

_____ I authorize the release of medical information pertaining to this face covering exemption request and authorize my treating physician to speak with a Rail Events Productions staff member or any agent acting on its behalf.

_____ I understand that if I choose to request a face covering exemption, Rail Events Productions will use the information on this form to handle my request. In order to assess and manage my request I understand that it may be necessary for Rail Events Productions to disclose information relating to my health information to third parties such as medical professionals, event staff, health agencies, and their employees, among others.

Continue to Page 2

Medical Provider Attestation

The following must be completed by a licensed medical provider currently treating the passenger's disability:

I attest that I have reviewed the CDC disability exemption requirements (link above) and that the passenger qualifies based on a disability as defined by the Americans with Disabilities Act. Additionally, I attest that the passenger cannot safely wear a face covering in connection with the event dates above for the following reason(s):

Medical provider's license information:

Date and type of the license: _____

License Number: _____

State or other jurisdiction in which license was issued: _____

Your name (print): _____

Your Specialty: _____

Signature and Date: _____

Business phone contact: _____

Business email contact: _____