

ACTOR WAIVER FORM

On behalf of [Jurisdiction], we thank you for volunteering to be a simulated casualty for our preparedness exercise. The event is scheduled for [date]. Actors should report to [location] at [time].

Exercise Overview

You will be participating as a mock victim of a [scenario]. You will be triaged and either directed or taken to an area where appropriate decontamination will occur, potentially including cutting of your clothing. You will be washed and reclothed. Alternative garments will be provided. **Please wear a bathing suit, shorts, and T-shirt, and bring a change of clothes and towel.** We would appreciate your wearing loose-fitting and easily removable shoes. **It is recommended that you do not wear jewelry.** Jewelry and personal items will be removed during the decontamination process, bagged, and given to you to carry as you go through the decontamination line.

Before the event, you will be given a complete orientation to the incident site, the type of injury or symptoms you should simulate, and what actions are expected of you.

Please eat a meal and drink plenty of liquids before you come. After the event, food and refreshments will be available for you. Restrooms also will be available for your convenience.

Please Print Name, Sign, and Date

I, _____, agree to participate in the [sponsor name]-sponsored exercise on [conduct date]. I agree to go through the decontamination process. I will hold harmless [Jurisdiction] and any other agency or its members participating in this exercise. I understand that all reasonable and customary safety measures will be performed to try to prevent injury or harm to me.

Signature: _____ Date: _____

Signature of parent or guardian (if under 18): _____ Date: _____