# Actor Waiver Form

**Note: This waiver should be reviewed by the Sponsor Organization’s legal counsel prior to distribution or use.**

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

**Please Print Name, Sign, and Date**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to participate in the [Exercise Name] exercise on [date] and hold harmless [sponsor organization] and any other organization or its members participating in this exercise. I understand that all reasonable and customary safety measures will be performed during the exercise.

Signature: Date:

Signature of parent or

Guardian (if under 18): Date: