
Participant Waiver Form

On behalf of the Summit Fire Department and the Village of Summit we thank you for volunteering to be a simulated casualty for our preparedness exercise. The event is scheduled for Saturday November 06th 2010 at the Summit Park District and Summit Metra Commuter Rail Station.

Exercise Overview:

Your role in the exercise will be a participant based on your agencies responsibilities. Participants will receive direction from the preparedness coordinator or the Incident Commander of the Summit Fire Department.

Please eat a meal and drink plenty of liquids before you arrive. After the event, food and refreshments will be available to you. Restrooms will also be available for your convenience at both locations of exercise. Please have ready upon your arrival of exercise a valid State I.D; Department I.D; or school I.D. or you will not be able to participate in this training exercise.

Please Print Name, Sign & Date

I _____ agree to participate in the **Summit Mass Casualty Incident** exercise on **Saturday Nov-06-2010**. I will hold harmless the **Village of Summit, Summit Fire Department 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/guardian (if under 18) _____