# Liability Waiver Form

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

On behalf of [Sponsor Jurisdiction/Organization], we thank you for volunteering to be a “mock victim” actor in [Name of Exercise]. The exercise event is scheduled for [date]. Actors should report to [location] at [time].

Please Print Name, Sign, and Date

I, [Name] agree to participate in the [Exercise Name] exercise on [date] and hold harmless [sponsor jurisdiction/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: