2023 Pediatric Surge/ Chemical Burn

Statewide Medical and Health Exercise

# Participant Waiver Form

**How To Use This Document:** *The purpose of this form is for participants to release the California Department of Public Health (CDPH), Emergency Services Authority (EMSA), and your jurisdiction/organization/facility from liability as well as to grant permission to be photographed and/or filmed. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific customization.*

On behalf of the California Department of Public Health (CDPH), the Emergency Medical Services Authority (EMSA), and the [jurisdiction/organization/facility name here], we thank you for participating in the [Insert Year]Statewide Medical and Health Exercise (SWMHE) on [date] at [location] at [time].

## Exercise Overview

This is a large exercise, and as such there are many roles to fill. Your role will be pre-assigned and will likely correlate with your day-to-day roles and responsibilities. You will receive instructions prior to the beginning of exercise play on your exercise position and expectations.

## Please Print Name, Sign, And Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to participate in the California Department of Public Health, Emergency Medical Services Authority, and [jurisdiction/organization/facility name here] [Insert Year] Statewide Medical and Health Exercise on [Insert Date].

I will hold harmless the California Department of Public Health, Emergency Medical Services Authority, [jurisdiction/organization/facility name here], any participating individuals, and any other agency/organization 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. I will listen to all safety briefings and adhere to the instructions provided by the exercise safety officers and exercise controllers.

I grant permission to be photographed and/or filmed during the exercise, and to permit others to use the photographs/video without restriction or compensation.

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian (if under 18):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_