

Springfield Police Department
Springfield Public School District 186
Active Shooter Exercise Waiver

Participant Name _____

Event Date _____

Location _____

I understand the following:

1. Police officers and other first responders will be conducting the exercise.
2. I or my child may be dressed up including makeup to appear that he/she has an injury.
3. I or my child may be made to run as if in danger.
4. I or my child may be required to participate in strenuous activities.
5. The exercise will include a simulated mass casualty event and may be frightening/upsetting to some participants.
6. The exercise will include simulated victims and simulated gunfire.

The undersigned understands the activities involved in the Active Shooter Exercise and has had the opportunity to ask any questions before signing this Waiver. The undersigned hereby waives any and all claims he/she has against the Springfield Police Department and/or Springfield School District No. 186 and their agents as a result of her/his or her/his student's participation in the Active Shooter Exercise described herein.

Participant Signature Date

Parent Signature (if participant is student) Date

In the event of illness or accident, I authorize such first aid treatment, ambulance service, and/or emergency hospitalization as deemed advisable and necessary by police, fire and school personnel.

Participant Signature Date

Parent Signature (if participant is student) Date

Emergency Contact Name Phone