



**WAIVER/RELEASE OF CLAIMS AND LIABILITIES  
CONSENT TO PARTICIPATE ON APRIL 25, 2024  
EAST CENTRAL FLORIDA MASS CASUALTY EXERCISE**

I, \_\_\_\_\_, acknowledge that I have been informed of the potential risks of injury/illness that may occur because of me (or my child), \_\_\_\_\_, being allowed to participate as a “victim or volunteer” in an emergency response exercise at participating listed area hospitals (hereinafter referred to as “exercise”); and I agree to assume the risk of such injury/illness.

In consideration for being allowed to participate in the exercise, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS for any and all purposes the Central Florida Disaster Medical Coalition, all participating hospitals, all participating School Boards and other educational institutions, Lynx, all other community partners, and the STATE OF FLORIDA and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as RELEASEES) FROM ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH, that may be sustained by me/my child while participating in the exercise in any way, whether caused by RELEASEES' negligence or otherwise, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I / my child should not participate in this exercise.

The course of me/my child volunteering includes going to and returning from the exercise, as well as the exercise itself.

I understand that **I / my child's clothes may get torn or dirty** during this exercise. We encourage participants to wear old, comfortable clothes.

I further understand and consent to photographs being taken during this exercise. I am aware that such photographs may be used for educational and/or media purposes.

I agree to WAIVE AND RELEASE the Central Florida Disaster Medical Coalition, all participating hospitals, all participating School Boards and other educational institutions, Lynx, all other community partners, and the STATE OF FLORIDA and their respective officers, servants, agents, volunteers, or employees, from all liability, including all claims, demands, actions, settlements, judgments, costs, or expenses, based upon or arising out of me/my child's participation in this exercise.

I further agree to release, indemnify and hold harmless the Central Florida Disaster Medical Coalition, all participating hospitals, all participating School Boards and other educational institutions, Lynx, all other community partners, and the STATE OF FLORIDA and their respective officers, servants, agents, volunteers, or employees, and all others connected with this exercise from any claims and/or liabilities by, my family, estate, heirs, or assignees arising out of this exercise.

I further acknowledge that it is my responsibility to contact my/my child's personal physician for any medical clearance needed to participate in this exercise.

**RESPIRATORY DISEASE (COVID, FLU, RSV) SAFETY PRECAUTIONS:**

Because COVID-19, flu and RSV are extremely contagious and spread mainly from person-to-person contact, all exercise participants agree to the preventive measures outlined below. Participants risk immediate removal from the exercise if they do not comply. However even with safety protocols and preventative measures to reduce the spread of these diseases, we **cannot guarantee** that students, faculty, partners, sponsors, and others participating in the exercise will not become infected. Further, participating in the exercise where close contact may be inevitable may increase your / your child's risk of contracting a respiratory disease. By signing this waiver, I acknowledge my / my child's duty to self-monitor and agree that I / my child will:

- Perform a temperature check to screen for fever before arrival at school the day of the exercise. Fever is defined as a temperature at or greater than 100.4 F or 38.0 C. If I / my child has a fever, I / my child will not participate in the exercise.

- I will perform an assessment of myself/my child for signs of illness which may include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If I or my child has exhibited any of these signs or symptoms, I / my child will not participate in the exercise.
- I attest that I / my child has not been in contact with someone who has tested positive for COVID-19 in the past 10 days. If I or my child has been in contact with such a person, I / my child will follow the CDC guidelines following exposure: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html>
- I / my child agree to wear a mask if required by the hospital while participating in the exercise.

Central Florida Disaster Medical Coalition and the region’s hospitals strongly encourage all eligible individuals to receive all age-appropriate vaccinations.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I or my child may be exposed to or infected by a respiratory disease as a result of participation in the exercise, that such exposure or infection may result in personal injury, illness, sickness, loss and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child, and all participating organization or others not listed, and I acknowledge that all such risks are known to me.

I understand and agree with this Waiver/Release of Claims and Liabilities and have voluntarily signed on my or my child’s behalf below.

Signed this \_\_\_\_\_ day of, \_\_\_\_\_, 2024

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent (if under 18 years old)

\_\_\_\_\_  
Witness to Participant

\_\_\_\_\_  
Witness to Parent