

## **High-Rise Fire Exercise**



## Kanawha Putnam Emergency Planning Committee ACTOR WAIVER FORM

On Saturday, June 6, 2015, the Kanawha Putnam Emergency Planning Committee (KPEPC) will conduct an emergency response exercise. This exercise is designed to test the ability of emergency response agencies to respond to specific emergency situations. This exercise will simulate a high-rise fire. To make the situation realistic, we plan to use approximately 150 volunteers as "victims". Make-up will be applied to some of the patients and participants will be instructed on how to play their part.

All volunteers need to arrive at the NiSource Building (1700 MacCorkle Ave, Charleston) by 7:00 a.m. wearing old clothes, closed toe shoes, & watch or cell phone to track time. You will be notified of the exact start time prior to the exercise. It is anticipated that the exercise will be completed and the volunteer activity will be done by 1:00 p.m. at the same location. Lunch will be provided to all of the participants.

Past volunteers have found this experience to be fun and educational. The KPEPC will provide documentation of participation if needed. If you would like to be part of this activity, complete the form below. **If you are under the age of 18, your parent or guardian's signature is required**. Return the completed form to Gina Namay by May 15, 2015. If you have questions, contact Gina Namay by phone at 304.558.0111.

Name:	Age:	Phone:	T-shirt size:	
E-mail:		Group Affilia	ation:	
exercise on June 6, 2015 and hol Corporation, and any other organ	ld harmless t nization part	he Kanawha Putna icipating in this ex	rticipate in the Towering Inferno: High Rise Fire am Emergency Planning Committee, NiSource ercise. I understand that all reasonable and injury or harm during the exercise.	
Signature of Participant			Date	
Emergency contact:		Phone	<b>:</b>	
I am comfortable in a simulate	ed smoke en	vironment, Circle	e: Yes or NO	
•			guardian permission required below: if with youth group, an adult custodian	
	_		gency response drill and give permission for to participate in this exercise.	
Signature of Parent or Guardi				
Return (	to: <u>Gina.L.N</u>	Namay@wv.gov_(	Or Fax to: 304-558-0101	

Or Mail to: Gina Namay, 710 Central Avenue, Charleston, WV 25302