

**Transit Authority Police Department Active Shooter Exercise
Buffalo Niagara International Airport**

Waiver and Release Form

On behalf of the Transit Authority Police Department and the Buffalo Niagara International Airport, we thank you for volunteering to be a participant for our active shooter drill exercise. The event is scheduled to begin Saturday night September 29th and go until 4 a.m. Sunday September 30th. Volunteers should report to the Buffalo Niagara International Airport's Firehouse located at 120 Amherst Villa Rd. Cheektowaga, NY 14225 at your designated time.

Please print, sign, and date.

_____ agrees to participate in the active shooter exercise located at the Buffalo Niagara International Airport on September 29th, 2018. I will hold harmless the Transit Authority Police Department, and all other agencies/members participating in this exercise. I understand that all customary and reasonable safety procedures will be implemented to prevent injury or harm to me. I also understand that the NFTA reserves the right to record this training event and I authorize them to use my likeness for training purposes.

Signature _____ **Date:** _____

Parent/Guardian Name (Under 18) _____

Parent/Guardian Signature _____ **Date:** _____