

SPECIAL NEEDS REGISTRY DURING TIMES OF EVACUATION

PARTICIPANT WAIVER SHEET

By signing below, I request that my name be added to the _____ Special Needs Registry.

I understand that although efforts will be made to assist me should an evacuation be necessary, this does not guarantee that resources will be available or that I will be given priority in evacuating. I understand I should make my own arrangements and have a plan in place should an evacuation be ordered due to flooding or other disasters.

I am providing this information voluntarily and will contact the _____ Department at _____ should my information change.

The _____ has my permission to contact my designated alternate if they are unable to reach me in a timely manner.

SIGNED: _____

Name (Printed): _____

Date: _____

Designated Alternate:

Name: _____

Phone Numbers: _____