



Phoenix Sky Harbor International Airport 2026 Full-Scale Triennial Exercise

Wednesday, October 28, 2026

12:30 p.m. to 4:30 p.m.

Check-in begins at 9:00 a.m.

Volunteer Information Packet

2026 Full-Scale Emergency Preparedness Triennial Exercise
Wednesday, October 28, 2026
12:30 p.m. to 4:30 p.m. (Check-in: 9:00 a.m. to 10:30 a.m.)
Phoenix Sky Harbor International Airport

Instructions for Volunteers

Required under FAA Regulations, the Triennial Exercise is a realistic, scenario-based event that tests Phoenix Sky Harbor International Airport's coordinated response to a simulated aircraft accident. The exercise activates the Airport Emergency Operations Center, deploys fire and medical units, and uses volunteers to portray passengers, family members, and friends. This exercise involves multiple stakeholders and agencies and covers a wide variety of emergency response protocols and procedures. Many items will be tested in view of the public, while others will be tested behind the scenes, such as communication with responders and other agencies that may not be apparent to you as a volunteer. Please be flexible if things change at a moment's notice. It is likely there may be a lot of waiting and downtime before and during the exercise. Feel free to bring a magazine or book.

A light early lunch and bottled water will be provided at check-in. No special food orders are being accepted, so if you have specific diet requirements, please plan accordingly (i.e., eat prior to check-in).

Check-in Time: Volunteer check-in will open promptly at **9:00 a.m. and close at 10:30 a.m.** During the check-in process, you will be assigned your role for the exercise. Please note that roles are given on a first-come, first-served basis. We cannot guarantee a specific role. If you have a preference (injured person, airline passenger, etc.), it is recommended that you arrive early. In order to expedite the check-in process, we ask that you fill out the Waiver and Release Form and the Photographic Release attached to this packet before arriving. Please be prepared to wait in line during the check-in and screening processes.

Exercise Briefing: An exercise and safety briefing with instructions will be provided before the start of the exercise. The exercise and safety briefing will start at 10:30 a.m. and will provide important information on the exercise and what to expect. **You must be on time and present during the briefing, or you will forfeit your opportunity to participate.** After the exercise briefing, you will board a bus or the Sky Train to be transported to your exercise staging location.

Exercise Time: 12:30 p.m. to 4:30 p.m. Beginning and end times are approximate and depend on your assignment. You **MUST** be able to stay for your entire portion of the exercise. Once the exercise commences, you will be under escort in a secure area and will **NOT** be permitted to leave until the exercise is complete unless there is an actual emergency need.

Location & Parking: All volunteers are asked to meet at the 44th Street Sky Train Station, 200 South 44th Street, Phoenix, AZ 85034, for check-in and screening. Parking for volunteers will be at the Employee Parking Lot located at 4201 East Madison (*see map on page 4*). **Please print the parking pass located on page 5 and be prepared to show it at the entrance to the Employee Parking Lot.** If you need additional accommodations, please email us at avn.ep@phoenix.gov prior to the day of the event.

Preparation, Assignments & Instructions: Check-in will begin promptly at 9:00 a.m., and the exercise briefing will begin at 10:30 a.m. Both will take place at the 44th Street Sky Train Station. Although the check-in location is not in a restricted area, your volunteer assignments will be. Everyone must follow all instructions and directions provided by airport and airline personnel and first responders. At the appointed time, you will be given instructions on how to enter the exercise site. An escort will be present at all times. Volunteer assignments will be provided at check-in. Assignment alterations will not be made due to time constraints. Therefore, it's imperative that you provide restrictions/limitations prior to the exercise date. Some roles will require the application of moulage (makeup and simulated injuries) before the exercise begins.

Screening: Firearms, weapons, and ammunition are strictly prohibited at the exercise. Role players are subject to the same screening procedures administered by the Transportation Security Administration when you are traveling by air. Exercise role players and observers will be screened by contract security staff after the exercise briefing, prior to boarding the buses. **You will need to show a government-issued photo I.D. during the screening process.**

Exercise: Between 12:30 p.m. and 4:30 p.m., we will conduct a simulated aircraft emergency exercise. Many volunteers/participants will be “victims” of the aircraft emergency and will be triaged, treated, and transported. Some will be transported to Valleywise Medical Center. Others will be transported to the Passenger Gathering Area, Airport Family Assistance Center, Passenger Reunification Area, and Friends and Relatives Center for simulated evaluation by various agencies. Other participants will assist as exercise moderators, controllers, or evaluators. This exercise is an FAA requirement and will take place rain or shine.

Clothes: Comfortable attire, including walking shoes, should be worn. Dress appropriately for the day's weather forecast, and keep in mind your clothing may get dirty (makeup, mud, etc.). *The City of Phoenix Aviation Department is not responsible for clothing damage, cleaning, or repairs.*

Please do not bring valuables to this exercise. Purses, backpacks, cameras, etc. will not be allowed in the secure areas of the airport or on the bus that will transport you to the exercise site. Leave them at home or lock them in your vehicle. Only water bottles and a book/magazine will be permitted. **Remember to bring a government-issued photo I.D. with you to the check-in table.**

Personal I.D. / Contact: Plan to have government-issued identification with you at all times and have medical information and home emergency numbers available as well.

Spectators/Observers: There will be a small observation/spectator area for invited guests, evaluators, and dignitaries participating in this exercise. Always stay within these designated observation areas and follow the instructions of airport and airline officials, first responders, and exercise controllers. Most observers will ride the same buses as exercise role players. Since this is a restricted area, the exercise will not be open to the general public for viewing.

Participant Safety: Your safety is our highest priority throughout the exercise. Please arrive well-hydrated and prepared for outdoor conditions, including sun exposure and variable weather; sunscreen and appropriate clothing are strongly recommended. Always maintain

situational awareness, follow all instructions from exercise officials, and promptly report any concerns or changes in your physical condition. Remember to take all routine medications as prescribed and bring any items necessary for your personal health. If at any point you experience discomfort, distress, or a real medical emergency, notify exercise personnel immediately so assistance can be provided.

Words of Wisdom: This is an important exercise for the airport and for regional emergency response agencies. Your role is extremely important in making the exercise realistic. Have fun with it, but please follow instructions. Be patient if things seem vague or unorganized at times. We test new features each year during the exercise process, and we are still in the planning stages for what will happen during this practice event. The purpose is for these agencies to practice a simulation to find out what would work in a real-life situation and what would not. Your suggestions for improvement may also be solicited. Please feel free to ask questions and provide feedback after the exercise. Evaluation forms will be provided.

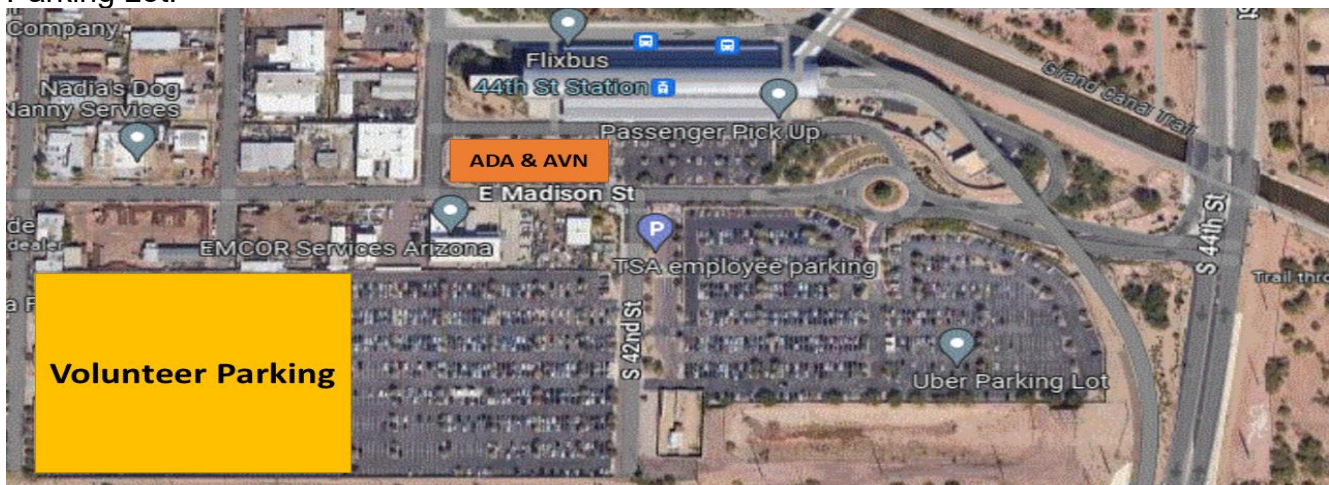
This exercise can become very real both emotionally and psychologically for some participants. If anyone at any time during the exercise decides that he/she can no longer continue to participate, it is permissible to tell the contact person who is working with you that you've had enough. We do not want any volunteer to suffer in any way from this experience.

IF YOU HAVE A REAL EMERGENCY DURING THIS SIMULATION, USE PLAIN LANGUAGE AND ADVISE SOMEONE IN AUTHORITY IMMEDIATELY (i.e., "I have a medical/personal emergency and can't continue with the exercise"). We will have equipment and staff on site in the event of a real medical emergency.

As we are required to have a minimum number of participants for this exercise, please email the Phoenix Sky Harbor International Airport Emergency Preparedness Section at avn.ep@phoenix.gov no later than **Friday, October 23**, to cancel your registration if you find you cannot participate so that we may find a replacement.

We truly appreciate your participation and look forward to seeing you on Wednesday, October 28, 2026, at 9:00 a.m.!

Parking Map: Parking will be at the 44th Street PHX Sky Train® Station in the Employee Parking lot at 4201 E. Madison Rd. Those with Handicap placards can park in the Cell Phone lot directly in front of the station. Directional signs will be posted in the area. Please print the parking pass located on page 5 and be prepared to show it at the entrance to the Employee Parking Lot.



2026 FULL SCALE EMERGENCY PREPAREDNESS TRIENNIAL EXERCISE

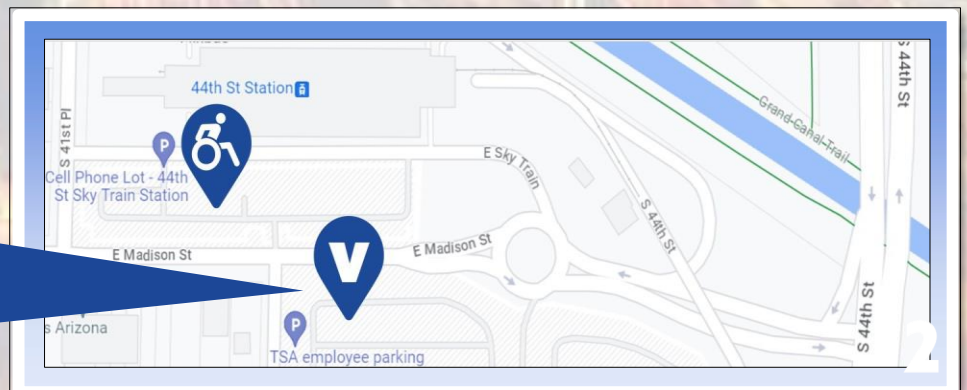
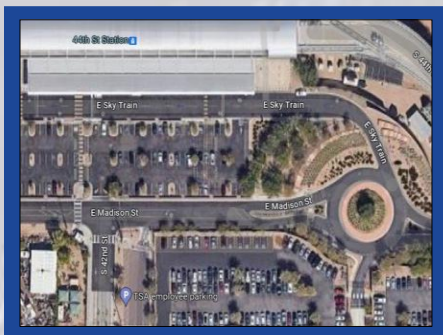


PARKING PASS

- Thank you for joining us at Phoenix Sky Harbor International Airport's 2026 Full-Scale Emergency Preparedness Triennial Exercise.
- Please print out this parking pass and place it in the windshield of your vehicle.
- Please dress appropriately for Phoenix weather in late October.
- All attendees will be given a security badge at the registration booth, which must be worn throughout the exercise.
- Do not bring any unnecessary items to the exercise, especially sharp objects or anything that is not allowed through the security checkpoint or on an aircraft.
- Please wear comfortable walking shoes.

VOLUNTEERS

Parking will be at the 44th Street PHX Sky Train® Station in the Employee Parking lot at 4201 E. Madison Rd. Those with Handicap placards can park in the Cell Phone lot directly in front of the station. Directional signs will be posted at the registration area inside the station where the volunteers will gather for their assignments.





City of Phoenix

City of Phoenix – Waiver and Release of All Claims

Name Activity Here: 2026 Triennial Full-Scale Exercise

☒ Includes Motor Vehicle Transportation

Please Read Carefully

In exchange for me or my child being allowed to participate in the above listed activity, I hereby for myself, my child, my heirs and assigns, agree to waive, release and forever discharge any and all claims, rights and causes of action against the City of Phoenix, its officers, officials, employees, agents and volunteers (the "City"), for injury or damage caused or alleged to be caused in whole or in part by the negligence of the City. I understand that this means that I will not make any claims against or sue the City of Phoenix, its agents or employees, for injuries or damage sustained by me or my child. I recognize that this means I will not recover any money from the City of Phoenix, its agents or employees, for injuries or damage sustained by me or my child.

I recognize that the negligence of the City of Phoenix may include, but is not limited to, acts or failure to act regarding facilities and equipment maintenance, field design, construction, instructions of City personnel, interpretation and enforcement of rules, provision of medical or emergency medical assistance, inattention, and supervision of participants and their surrounding environment.

I recognize that injuries and damage may be caused by any of the following: falling; tripping; being pushed; running; sliding; exposure to people, equipment, and/or locations with bodily fluids, infection or disease; bodily reactions to insect or animal bites, food or materials used in the activity; striking or being struck by another individual; equipment used in the activity; a condition of the land or building where the activity is located; drowning; criminal acts of known or unknown persons; an error in administering first aid; or by a motor vehicle accident; and other similar acts, incidents or conditions. I further recognize that regardless of the care taken to avoid them, these injuries and damages may result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, including the City of Phoenix.

The type of injuries may range from minor injuries and fractures to paralysis, brain damage, and death.

I understand and expressly agree that this waiver and release of all claims is intended to be as broad and inclusive as permitted by the laws of Arizona. If any portion of this waiver is held invalid, I agree that the remainder shall continue in full force and effect.

Also, and in addition to the above waiver and release, I understand and voluntarily assume all risks associated with my child's or my own participation in this activity. I (or my child) am physically capable of participating in this activity. I (or my child) have the necessary degree of skill, training, experience, or ability to participate at the level I choose. I do not expect the City to coach, manage, instruct, or train me (or my child). I understand that the City does not carry insurance to cover participants, and that there would be an increase in the activity fee if the City were to provide insurance. I agree to accept personal responsibility for all losses, damages, costs, and expenses (healthcare, medical, or otherwise) that I (or my child) might incur resulting from my (or my child's) participation in this activity.

I state that I have carefully read and fully understood the meaning of this waiver and release of all claims, and that I have voluntarily signed below.

Print/Type Participant Name

Today's Date

Participant's Address

Participant's Signature

TO BE COMPLETED IF PARTICIPANT IS UNDER THE AGE OF EIGHTEEN (18) YEARS:

I am the parent, legal guardian or custodian of the child identified above. I understand and agree to the above waiver and release of all claims, and agree to be bound by its terms, for myself and on behalf of the child named below, and our heirs and assigns.

Child's Date of Birth

Today's Date

Print/Type Parent/Guardian's Name

Parent/Guardian's Signature

Please print this document & present it at the registration table on the day of the Exercise.

**Phoenix Sky Harbor International Airport
Emergency Preparedness Triennial Exercise**

Photographic Release

Consent to Reproduce Physical Likeness

As a participant in the 2026 Emergency Preparedness Triennial Exercise, I hereby give permission to the City of Phoenix Aviation Department, its clients, client agents, legal representatives, successors, and designees to publish and copyright the statements, photographs, videotapes, and films of me and/or my property taken during the event. Further, I relinquish all rights, titles, and interest I may have in the finished photographs, negatives, tapes, and transparencies. I, the undersigned, who is of legal age and who has read this release form before signing it, do hereby release the **City of Phoenix Aviation Department**, its clients, agents, legal representatives, successors and assigns for any and all claims which I may have by reason of the publication or other use of my name, image, photograph, and statement for editorial, advertising, publicity, or other purposes. I hereby also authorize the revision and change of the wording of the statement in any manner you deem advisable, so long as the meaning is not substantially changed.

I certify and represent that I have read the foregoing and fully understand its meaning and effect.

Print Name _____ Phone _____

Signature _____ Date _____

Legal Guardian Signature (if applicable) _____ Date _____

Email _____

Address _____

Please print this document and present it at the registration table on the day of the Exercise



Valleywise Health

2601 E. ROOSEVELT • PHOENIX, ARIZONA 85008

PHOTO/MEDIA AUTHORIZATION AND
RELEASE OF LIABILITY FORM FOR NON-PATIENTS



DT104

FULL LEGAL NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

FILM/PHOTO EVENT (location, date and time): _____

For the intangible value I will gain by my engagement as a model, a Valleywise Health Stylus Pen and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I, the undersigned, hereby grant the Maricopa County Special Health Care District, dba Valleywise Health, its Directors, officers, employees, agents or other representatives ("Valleywise Health") the right to photograph, videotape, interview and/or otherwise record my likeness, voice, image, stories, appearances (the "Appearance"), and to use such Appearance and recordings in whole or in part, or in combination with other recordings, in or in connection with any film, audio recording, video recording, audio-visual work, publications, testimonials, grateful patient programs, work product, photograph, illustration, animation, broadcast, product packaging, advertising, marketing, fundraising, or promotional material, in any media or embodiment, now known or unknown, including, without limitation, all formats of computer readable media (collectively, the "Works") for any or all of the following purposes:

- ☐ For websites, social media channels and digital communications
- ☐ For publicity and advertising purposes including print, television and radio
- ☐ For online testimonials and reviews
- ☐ News media and their associated websites and social media channels

The Works may also be disclosed to the following affiliated hospital associations, healthcare trade associations, News Media or Charitable Organization as specifically Identified below:

Please initial above for additional disclosures

Further, I hereby permit, authorize, and assign to Valleywise Health any and all intellectual property or other rights or claims that I may have in the Works, including, but not limited to, the rights to use, print, produce, publish, copy, display, perform, exhibit, transmit, broadcast, disseminate, market, advertise, sell, lease, license, transfer, modify, and create derivative works of the Works in any media or format, for any purpose whatsoever, throughout the world in any and all media and formats and by any and all technologies and means of delivery whether now or hereafter known or devised without further consent from me or any compensation to me. I hereby waive any right to review, approve, format, and/or

style the Works and I hereby waive any ownership rights or royalties I may have in such Works. I understand that such Works are the exclusive property of Valleywise Health.

I specifically consent to the use of the Appearance and Works with other images, text, graphics, film, audio, and audiovisual works. I acknowledge and agree that the Appearance and Works may be altered or modified without any restrictions and without additional consent from me.

By signing below, I am aware that the Works will exist forever in either a recorded, printed, and/or electronic version or other version as may develop over time and that once it is published or disclosed in any form it will continue to be used. I understand that information about me used or disclosed pursuant to this authorization may be subject to re-disclosure and will no longer be protected by the federal regulations protecting privacy of an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state law.

RELEASE FROM LIABILITY: I hereby waive, release, discharge and agree to hold harmless Valleywise Health, as well as any and all of its Directors, officers, subsidiaries, affiliates, successors, assigns, licensees, employees, agents, and/or agencies acting on behalf of Valleywise Health, from any and all liability, claims, demands, and/or causes of action of any kind, now known or unknown, in law or in equity, including without limitation claims of libel, slander, invasion of privacy (including intrusion, false light, public disclosure of private facts, and misappropriation of name or likeness), right of publicity, defamation, infringement of copyright, trademark or moral rights, that I may hereafter have for injuries or damages of any kind arising directly or indirectly out of my participation as a model or Valleywise Health's exercise of its rights under this Agreement or the production, exhibition, advertising, promotion, exploitation, or other use of the Images, and whether resulting in whole or in part from the negligence or any other type fault of the parties, their officers, subsidiaries, affiliates, successors, assigns, licensees, employees, Board of Directors and other agents or guests.

I understand that I can revoke this authorization by contacting the Compliance/Privacy Department by sending an email to: Privacy@ValleywiseHealth.org. However, I also understand that Valleywise Health will make every effort to remove the Works from Valleywise Health systems but cannot recall uses outside of its control, nor will it have an effect on any actions taken prior to receiving the revocation. This Authorization will remain in effect until I revoke it in writing.

I attest that: *Please check appropriate box or boxes*

☐ Employee. I understand that I am not required to sign this form as a condition of my employment and may elect not to sign this form.

By my signature below, I acknowledge that I have read this release, understand the terms, conditions and implications herein and agree to be bound by them.

I attest that: *Please check appropriate box*

☐ I do not have a legal guardian.

Signature

Name (Printed)

Date

☐ I do have a legal guardian. If named above does maintain a legal guardian, please also include legal guardian's signature below.

Guardian Signature

Guardian Name (Printed)

Date