

Hazardous Material Special Effects Waiver

Production Title

Production Company

Production Date(s)

Location(s)

Description of Hazardous Material(s) and Special Effects

Safety Precautions to be Implemented

Person(s) Responsible for Special Effects

Waiver and Release

I understand the potential risks associated with the use of hazardous materials and/or special effects in this production. I agree to follow all required safety procedures and guidelines. By signing below, I acknowledge and accept these risks and release the production company, its employees, agents, and affiliates from any claims or liability arising from the use of such materials or effects.

Signature

Name (Print)

Date

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