

Mount Onsite Training

David Mount - IDEA Master Tech/Trainer

MountOnSiteTraining.com

410-549-2668 or 410-984-0255

Please X which training(s) you are participating in

Commercial Opener _____

Commercial Sectional _____

Advanced Fire Door _____

Intro to Rolling Steel _____

Residential Training _____

Off Site Training* _____

Name: _____

Name of Co: _____

Address if at your location: _____

Email Address: _____

Ph. Number: _____

By signing the below, I completely understand and realize that participation in Mount Onsite Training(s) could include actions or tasks which might be dangerous or hazardous and could potentially cause any harm or injury to me. **Please Initial** _____

I release the organization or business named above from any and all liability, costs and damages which could arise from participation in the above named event or activity. I agree to accept financial responsibility for the costs related to this or any emergency treatment and give confirmation of the same by signing this document. **Please Initial** _____

I grant and authorize the taking, editing, copying and publishing of my photo and or video today for advertising purposes for Mount Onsite Training. **Y or N Please Initial** _____

Participants Signature _____ **Date:** _____

Please Note - if submitting digitally, typing your name will act as your signature.

**Please mark for our records if we are training at your facility and also mark which trainings you are taking.*

***Thank you and we look forward to training with you!
Please reach out with any questions/concerns you may have.***