

Mount Onsite Training

David Mount - IDEA Master Tech -Lead Trainer
Nicholas Mount - IDEA Certified Tech - Assistant Trainer

Please X which training(s) you are participating in

Commercial Opener_____

Commercial Sectional _____

Intro to Rolling Steel_____

Advanced Fire Door _____

Name: _____

Name of Company:_____

Email Address:_____

PLEASE READ CAREFULLY

By signing below I completely understand and recognize that participation in Mount Onsite Training(s) could include actions or tasks that might be dangerous or hazardous and could potentially cause harm and/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 and associated with 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 image and or video today for advertising purposes for Mount Onsite Training. **PLEASE CIRCLE Y or N**

Participants Signature: _____ **Date:** _____

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

Please initial *here* is we are training at your facility _____

Thank you and we look forward to training with you!

Please reach out with any questions or concerns.