COURSE COMPLIANCE AND WAIVER

In providing educational courses at the MPSCOE, Northcentral Technical College understands that hazards exist. It is necessary for you, the student, to also understand this. Please read and sign this compliance/waiver form, and return it to your instructor.

I am aware that Northcentral Technical College is not responsible for any accidents, injuries, or illnesses suffered by me during this course so long as I comply with the instructions of my course instructors. I also understand that I may be required to wear protective clothing or other equipment. My instructors will verify that I have been issued or I have purchased the mandatory and required safety equipment. It is further understood that I may be denied participation in various activities if I do not have the required equipment.

I understand that persons with heart or respiratory conditions must control their physical exertion. I have contacted my doctor and have been released to participate in the exertions required by this course.

RELEASE FROM LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1. Intending that this agreement be legally binding upon me, my heirs, executors, administrators, and assignors, I hereby waive, release, and forever discharge Northcentral Technical College, all NTC staff, and all of their agents, representatives, heirs, executors, administrators, successors, and assignors, of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from and by reason of, any and all known and unknown, foreseen and unforeseen, physical and mental injuries and consequences thereof, suffered by me during any and all training activities held during the training program.

2. In signing this release, I assert that:
   a. I am presently in good physical and mental health
   b. I have all required pre-training, documents, certificates and permits listed as pre-conditions for the specific course of instruction.
   c. I have no reason to believe that I am not in good physical and mental health.
   d. I am fully aware of and do acknowledge and assume all risk of injury inherent in my participation in this training.
   e. I have read and fully understand the terms and conditions of this agreement.

Student Name (please print legibly): _______________________________________________________
Course Title:  _________________________________________________________________________
Instructor:  ___________________________________________________________________________
Course Location:   _____________________________________________________________________
Date:  ____________________ Student Signature:   _________________________________________

Parent or Legal Guardian (if student is under age 18):
Name (please print legibly):  _____________________________________________________________
Date:  ____________________ Signature:  _________________________________________________