**PMT ASSOCIATES, INC.**

**SIGN-IN SHEET**

Course type: **PMT Refresher Training** Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Course date: **\_\_\_\_\_ / \_\_\_\_ / \_20\_\_**  Times: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned recognizes that safe participation in any physical training program requires responsible behavior on the part of the participants. I agree to follow the safety guidelines as taught by PMT Associates and staff. Furthermore, I agree not to hold PMT Associates, Inc., its employees or consultants responsible for any injuries which might be sustained by me while attending this course.

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|  | ***\*\*Print Name\*\**** | **Signature** | **Title** |  |  |
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