

# PMT ASSOCIATES, INC.

## SIGN-IN SHEET

Course type _____ Location: _____
Instructor: _____ Instructor: _____
Course date(s): From ____/____/____ to ____/____/____ _____

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., it's employees or consultants responsible for any injuries which might be sustained by me while attending this course.

	<b><u>**Print Name**</u></b>	<b>Signature</b>	<b>Agency Name</b>	<b>Agency Phone</b>
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