

Assumption of Risk and Release Agreement (General Classes)

Please complete and upload with your online MLI Learning Application.

IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN TRAINING CLASSES ON SITE AT MOTION LABORATORIES ("MLI") FACILITIES LOCATED AT 2 JOHN WALSH BOULEVARD, PEEKSKILL, NY (THE "TRAINING"), I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ AND AGREE TO EACH OF THE FOLLOWING PARAGRAPHS.

Assumption of Risks:

I understand that the Training, by its very nature, may include certain inherent risks that may not be eliminated if care is not taken to avoid these risks. I hereby assert that my participation is voluntary and that I wn

Signature:	Date:	
Hold Harmless, Indemnity and	Release:	
representatives or assigns, to deemployees, and agents, from and on account of damage to personal n the Training. This release does	o participate in the Training, I agree, for myself, my hei fend, hold harmless, indemnify and release, MLI, its officer against any and all claims, demands, actions, or causes of action property, or personal injury, or death which may result from my not include claims based on the negligence of MLI and its office entional misconduct or gross negligence.	s, directors, n of any sort participation
Signature:	Date:	



Requirements and Use of Collected Information Agreement (General Classes, In-person)

Please complete and upload with your online MLI Learning Application.

IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN TRAINING CLASSES ON SITE AT MOTION LABORATORIES ("MLI") FACILITIES LOCATED AT 2 JOHN WALSH BOULEVARD, PEEKSKILL, NY (THE "TRAINING"), I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ EACH OF THE FOLLOWING PARAGRAPHS AND INITIAL THOSE WITH RESPECT TO WHICH I AM IN AGREEMENT.

How We Might Use Information Collected on Training Registration Form:

We do not sell, trade, or otherwise transfer to outside parties your personally identifiable information unless you provide written permission to do so. The information collected on the training registration form will be kept on a secure server on site at an MLI facility. We collect personal contact information to communicate with trainees regarding training. We collect other information, such as dietary constraints, to provide trainees with a comfortable, inclusive training experience. We will only use the collected information to contact you regarding MLI products if you authorize us to do so on the registration form. If you do not agree to allow MLI to retain all of your collected information we will delete it following your class, provided however, to maintain adequate records needed for certification, we will need to retain your name, title, company, class, class date, whether you are ETCP certified, and whether you agree to be contacted concerning MLI products.

I hereby agree to the collection, storage and use of my information as stated above.

Initial:	
	t Technician Certification Program ("ETCP") certification tion hours, and I permit MLI to share my information with
Initial:	
My employer is sponsoring me to attend this c employer.	ourse and I permit MLI to share my information with my
Initial:	
Signature:	_ Date:
Print Name:	



Photo Release Agreement

The training programs you are enrolled in are designed to improve your safety when using and troubleshooting electrical control systems.

IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN TRAINING CLASSES ON SITE AT MOTION LABORATORIES ("MLI") FACILITIES LOCATED AT 2 JOHN WALSH BOULEVARD, PEEKSKILL, NY RELATING TO ELECTRICAL CONTROL PANELS AND POWER DISTRIBUTION SYSTEMS (THE "TRAINING"), I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ AND AGREE TO EACH OF THE FOLLOWING PARAGRAPHS.

General Photo/Video Release:

I hereby authorize MLI to use my visual image (video or photograph), excluding name, spoken and/or written words to be used in any MLI displays and marketing materials, including but not limited to: email communication to customers, press releases, brochures, MLI website, and MLI social media accounts.

Print Name:		
Signature:	Date:	