

**I agree** to keep my eyes and hands protected at all times while working with welding and shop equipment.

**I also agree** to keep my goggles fully on at all times while in the shop and during class.

**I also affirm and state that I am not and will not to be under the influence of alcohol or under the influence of any drugs that can affect my judgment, perception, or physical movement while attending class.**

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE Martin A Mayer, CMY Inc, and 309 OLD COORS LLC. FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

*ALL PORTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED AT THE BEGINNING OF CLASS. NO ONE CAN START CLASS WITHOUT THIS FORM!* Please Print

Date of Birth:    /    /

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

ALL medical conditions, pacemakers and artificial parts, must be listed before entering this course!

1] \_\_\_\_\_

2] \_\_\_\_\_

3] \_\_\_\_\_

Emergency #

Name of Person

Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_