

**ASGi Certified Training Program  
MEDICAL DISCLAIMER, INFORMED CONSENT WAIVER AND RELEASE**

**Mandatory for Each PROGRAM PARTICIPANT**

I, \_\_\_\_\_ have hereby enrolled in a program of strenuous physical activity ("Program") including but not limited to construction activities of excavation, site preparation, heavy lifting, repetitive motions offered by ASGi, Inc.

I hereby affirm that I am in good physical condition and do not suffer from any health condition, illness, disease or disability which would prevent or limit my participation in this exercise program. If I should develop any such condition, illness or disease, I agree that I will not participate in the program until I have an appropriate medical release form from a physician.

I fully understand that I may expose myself to allergens, injure myself as a result of my participation in the program and I expressly assume the risk and responsibilities for any and all accidents or injuries of any kind which I may sustain by reason of my participation in the program.

I understand that ASGi, INC, its Board of Advisers, Executive Management, Instructors, Affiliates and Associates do not have any obligations for the maintenance of any equipment or facilities or for my safety.

Having read this waiver and knowing these facts, in consideration of my participation in the Program, I, for myself, my heirs and assigns, and anyone entitled to act on my behalf, waive and irrevocably and unconditionally release and forever discharge ASGi, Inc., its affiliates and assigns, from all and any claims, demands, causes of action, or liabilities whatsoever, including attorneys fees, arising from my participation in this program, *even though that damage or injury may arise out of negligence or carelessness on the part of those named in the waiver.*

*Disclaimer: Installation activities are active and can be demanding - if you are not able to participate in these activities - please make us aware of your limitation NOW as we assume you will be part of the crew. You are participating in these activities*

*PROP 65 Warning: You are attending this class and participate in activities, at your own risk. Some materials that we handle in class may contain components that are known to the State of California to cause reproductive harm or cancer (silica, lead and carbon black).*

I hereby affirm that I have read and fully understand the above.

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

Sign Your Name: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_