

Parental/Legal Guardian Consent Form

I, _____ hereby give my consent for
Print Parent/Legal Guardian Name

_____, _____ to participate in training with NIT staff.
Print name of Minor age

I fully understand and recognize that training can have high risk factor and give permission for my minor to train/test with NIT staff.

I understand that NIT will provide required PPE, but it is the student's responsibility to wear appropriate attire, as outlined in the Student Handbook.

I release Northern Industrial Training, LLC (NIT) from all liability and responsibility.

Signature of Parent/Legal Guardian

Date

NIT Representative