



## Student Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Organization/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/ Prov.: \_\_\_\_\_ PC/Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
First day of training: \_\_\_\_\_ Last day of training: \_\_\_\_\_

Your written and technical tests will identify your certification.

### Student Certification Requirement:

1. It is required of all students to role model the philosophy of treating all people with dignity and respect, displaying courteous, respectful, and professional interactions during the training period in order to be certified.
2. Student acknowledges and affirms that if he or she does not pass the final exams with 100% proficiency, as required by the program, he/she will not be issued a certificate.

By my signature below, I certify that I have read this statement and understand that the manuals and materials provided for my use in this course are copyrighted and all rights are reserved. Copying, duplicating, selling or otherwise reproducing, storing in the retrieval system, or transmitting in any form, or by any means (i.e., electronic, mechanical, recording), or otherwise distributing these materials, in whole or in part, except as otherwise provided herein or without the prior expressed written consent of The Mandt System®, is a violation of the copyright law of the United States and/or Canada.

I also understand and agree that in no event am I authorized to teach or train others in any of The Mandt System® courses. I further understand that The Mandt System® student manual is provided of my personal use only, and may not be reproduced, duplicated, or otherwise copied, sold or otherwise distributed, in whole or in part, without the prior expressed written consent of The Mandt System®.

Under NO circumstances from this date forward shall Student be permitted to directly or indirectly, by himself or in concert with others, whether for profit or not, teach, promote, or develop any other program, course, or technique which contains any of the written and physical portions of The Mandt System®.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## Medical Risks Form

Complete this page if you **DO HAVE** a medical condition.

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

Event # \_\_\_\_\_

Organization/Employer: \_\_\_\_\_

Training city and state/prov: \_\_\_\_\_

One goal of instructors is to keep students safe. To assist us in that goal, your Mandt faculty instructor needs to be informed of any medical risks (e.g. knee or back injuries or advanced pregnancy) that might impact your participation in any of the physical training techniques.

The physical training techniques involve demonstration of:

- Physical coordination and skill
- Ability to maintain balance while moving
- Ability to maintain balance while being pushed or pulled
- Ability to lower self to a "half-squat" position, keeping back straight

If you have a medical risk, The Mandt System® must have verification of clearance without restrictions provided either by a physician or the Human Resources Department of the organization/employer sending you.

If you **DO HAVE** a medical condition that might prevent you from performing the above listed tasks, please check the box below and complete the rest of this form.

Yes, I have a medical risk. If yes, please describe the medical risk:

Indicate you have medical clearance by a physician or employer or are taking personal responsibility by checking the appropriate box below.

- I do have a release from my employer or physician which stipulates I can perform the essential job functions at my place of employment, including the physical skills listed above.
- I do not have a release from my physician or my employer stipulated that I can perform all essential job functions, including the physical skills listed above. The medical risks noted will not affect my ability to perform the physical skills taught in The Mandt System®. I read and signed the release of liability on the Instructor Agreement Form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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**Mandt System® Faculty:**

Review the information noted above. If the participant does not have a release from the physician, and you believe there is a risk of injury if the person were to attempt the physical skills, **DO NOT PERMIT THE PERSON TO PARTICIPATE IN TRAINING UNTIL THEY HAVE SUBMITTED A PHYSICIAN'S or EMPLOYER'S RELEASE.**

I, \_\_\_\_\_, the certified Mandt System® Faculty, reviewed and discussed the information above with the named individual.

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## RELEASE FROM LIABILITY

This release from liability is made between The Mandt System, Inc. P.O. Box 831790, Richardson, Texas; 75083-1790 and The Mandt System Canada ULC, its management, employees, agents, assigns or hires (hereinafter referred to as 'MS'); and Student listed on this back side of this document (hereinafter "Student") in consideration of services to be rendered as a training program described as The Mandt System® by MS.

Specifically, Student understands that MS, in addition to providing lectures, discussions, role-play opportunities, and training in non-physical interaction techniques as well as physical interaction techniques and physical maneuvers. These non-physical interaction techniques, physical interaction techniques, and physical maneuvers will be demonstrated and practiced by Student and other Students, as well as MS, as an integral part of The Mandt System® training programs.

Student, other Students, the organizational Instructor(s) or the MS Faculty of this training program, and MS accept this risk of physical injury, and Student and MS hereby knowingly and freely release and discharge MS and Student, respectively and any and all other parties in interest from all claims, demands, grievances, and causes of action of every kind whatsoever including, but without limitation of the foregoing, all liability for damages of every kind, nature, or description now existing or which may hereafter arise from or out of injuries and damages, known and unknown, permanent or otherwise, to Student, MS, or Student's or MS's property.

### Student Certification Requirement:

1. Student acknowledges and affirms that he or she is participating in Mandt System training on a voluntary basis and of his own free will. Student further acknowledges and affirms that he or she is aware of no physical or mental limitation that would affect or limit his or her ability to participate in the training. Student further understands that he or she may refuse to participate in all or part of the non-physical interaction techniques, physical interaction techniques, and/or physical maneuvers portion of the training and that such refusal is his or her sole right. However, if Student chooses not to participate they will not receive certification.

If Student does engage in the non-physical interaction techniques, physical interaction techniques, and physical maneuvers portion of the training, however, he or she warrants and represents that his or her personal medical condition at the time of the training, whether known or unknown, shall not be grounds for any claim, demand, or action against The Mandt System® or any other parties identified above.

By my signature below, I certify that I have read and understood this release from liability.

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(Signature)

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(Date)

Use of procedures taught in The Mandt System® is subject to local policies and all applicable rules, laws, and regulations. The Mandt System, Inc., and the Mandt System Canada ULC., and its assignees are not responsible for inappropriate or illegal misapplication of the skills taught in this program.