

____ JIC CONSULTANTS LLC Risk Management Firm ____

Health & Safety Training Department
Class Registration
(Please PRINT CLEARLY)

Course Name: _____ Date: _____

Member ID Number: _____

If you have an ID number but don't know it, write MEMBER on the line above and continue filling out the information below for new members.

Name (full): _____

Email: _____

Date of birth (required for identification): _____

Company: _____

JIC CONSULTANTS LLC does not sell or share your personal information with anyone. It is solely for the purpose of proper identification as it relates to your professional safety certifications, completed classes, as well as maintaining a safe and functional "safety-cloud data base". You will be emailed information on how to log in and view your credentials on line as well as your new id number.

I hereby acknowledge and agree that upon satisfactory completion of the above noted course, my information will be entered into the safe operations database at Jicconsultants.com and will be available for review by any interested parties or companies for the verification of, and expiration of any training courses completed through jic consultants llc health and safety training department, and that jic consultants llc may utilize my information to improve it's programs and services for the related industries and hold jic consultants llc, it's employees, and any parties authorized to instruct and utilize jic consultants llc training materials, programs, and data base services. Also by signing, I agree and confirm that I understand that my on the job actions, and any incident or accident arising on the job, or the operation of any equipment, under any circumstance and condition is solely the responsibility of me (the operator), and is in no way the responsibility of any course, instruction, or advertisement on behalf of jic consultants llc, or authorized parties. I hereby release jic consultants llc and authorized parties from liability arising from any legal actions at any time, for any reason, relating either directly or indirectly to any incident or accident that I am involved in.

Sign: _____ Date: _____