

PMPA EDUCATIONAL FOUNDATION

Employer/Employee Release Form

We, the undersigned, hereby irrevocably waive any claim or right of action at law or equity that we might have at any time against the PMPA Educational Foundation or the Precision Machined Products Association its subsidiaries or related companies or organizations, their Boards of Trustees or Directors, officers, Trustees, committee members, staff, or other officials, either as a group or as individuals, for any action with regards to processing, review, acceptance or rejection of an application for reimbursement of fees paid after obtaining NIMS certification, credentials and/or accreditation.

(Print) Company name

(Print) Name of Company Representative

Title

Signature of Company Representative

Date

(Print) Employee/Applicant's Name

Signature of Employee/Applicant

Date

(Signature of a parent or legal guardian required if the employee/applicant is under the age of 18.)

(Print) Parent or Guardian Name

Relationship

Signature of Parent or Guardian

Date

Failure to complete and return this form will result in disqualification of application.

Forward completed release and application to: PMPA Educational Foundation
6700 West Snowville Road
Brecksville, OH 44141