CENTER FOR MEDICAL TRAINING, LLC
SERVICES AGREEMENT

This Services Agreement ("Agreement") is entered on 8/1/2026 ("Effective Date"), between CENTER FOR MEDICAL TRAINING, LLC, a Michigan limited liability company, whose resident agent is located at 8600 Eldora Dr Byron Center, MI 49315 ("Provider" or "CMT"), and Kent ISD 3600 Byron Center Ave SW, Wyoming, MI, 49519 ("Participant").

RECITALS

A. Provider offers nurse aide training services and Participant desires to be so engaged in such training.

B. The services to be performed under this Agreement are described in the attached **Schedule A** ("Services"), which is incorporated by reference to this Agreement.

C. Provider and Participant (collectively the "parties" or individual a "party") further agree as follows:

TERMS AND CONDITIONS

1. *Scope of Services.* Provider agrees to provide the labor, equipment, and materials necessary to perform the Services and medical training described in **Schedule A** of this Agreement.

2. *Payment.* The total contract price for the 3-4 - week course is $1745 per individual student and is due in full, prior to the start date of the course. Price for longer courses will incur a different cost based on time and structure of the course.

3. *Assignment.* This Agreement may be assigned, in whole or in part, by Provider; however, Participant may not assign this Agreement without Provider's prior written consent.

4. *Best Efforts; Confidentiality; Images*. Participant shall use best efforts to keep any and all information received from Provider confidential, including, but not limited to, know-how, compilations, processes, plans, technical information, product information, test procedures, training plans, exercises, or specifications as well as commercial and other information or data considered confidential in nature, whether communicated in writing or orally (Confidential Information). Furthermore, Participant hereby expressly consents to Provider's use of any of Participant's images, videos, intellectual property, or other likenesses taken in use or connection with said participation.

5. *Binding Effect.* This Agreement shall bind and benefit the parties, and their successors, heirs, and representatives.

6. *Force Majeure*. Neither party will be considered in default hereunder or be liable for any failure to perform or delay in performing any provision of this Agreement in the customary

manner to the extent that such failure or delay is caused by any reason beyond its control, including an act of God, fire, explosion, hostilities or war (declared or undeclared), striking or work stoppage involving either party's employees or governmental restrictions, provided that the party declaring force majeure gives notice to the other party promptly and in writing of the commencement of the condition, the nature, and the termination of the force majeure condition. THIS INCLUDES ANY AND ALL RESTRICTIONS OR POLICIES ENACTED AND/OR ENFORCED BY LOCAL, STATE, OR FEDERAL GOVERNMENTS IN RESPONSE TO PUBLIC HEALTH EMERGENCIES (SUCH AS A PANDEMIC). The party whose performance has been interrupted by such circumstances must use every reasonable means to resume full performance of this Agreement as promptly as possible.

7. *Waiver.* The failure or delay of either party to enforce, at any time or for any period of time, any provision of this Agreement or any right or remedy available hereunder or at law or equity will not be construed to be a waiver of such provision or of any available right or remedy. In addition, no single or partial exercise of any right, power or privilege hereunder will preclude the enforcement or exercise of any right, power or privilege hereunder

8. *Severability.* If any term, covenant, or condition of this Agreement is held invalid or unenforceable, the remainder of this Agreement shall remain in effect; each term, covenant, and condition of this Agreement shall be valid and enforceable to the fullest extent permitted by law.

9. *Responsibility of Participant*. Center for Medical Training will give reasonable efforts to base its instruction upon up-to-date standards and procedures used in the medical field. However, in the fast-paced environment of the medical profession, IT IS THE SOLE RESPONSIBILITY OF PARTICIPANT TO STAY CURRENT WITH THE ACCEPTED AND PROPER MEDICAL STANDARDS AND PROCEDURES. Due to the concentration of the course material and state licensing standards, attendance by Participant is mandatory. Tardies and absences are not allowed.

10. *Notices.* All notices given or made in connection with this Agreement shall be deemed complete and legally sufficient if sent electronically (including, but not limited to, Email), mailed by ordinary First-Class Mail, or delivered personally to the party at the following addresses:

Provider:	Participant:
Center for Medical Training, LLC c/o Ashley Bauer 8600 Eldora Drive SW Byron Center, MI 49315	As listed below.

11. *Dispute Resolution.* The dispute arising out of this agreement will be mediated by a third person mutually acceptable to both of us. The mediator's role will be to help us arrive at a solution, not to impose one on us. If good faith efforts to arrive at our own solution with the help of a mediator prove to be fruitless, either of us may make a written request to the other that the

dispute be arbitrated. If such a request is made, our dispute will be submitted to arbitration under the rules of the American Arbitration Association, and one arbitrator will hear our dispute, The decision of the arbitrator will be binding on us and will be enforceable in any court that has jurisdiction over the controversy. By agreeing to arbitration, the Parties each agree to give up the right to a jury trial.

12. *Jurisdiction and Venue.* This Agreement shall be governed and controlled by the laws of the State of Michigan. Any disputes arising out of or relating to this Agreement, including the interpretation and performance of this Agreement, shall be conducted exclusively in the County of Kent, State of Michigan. The parties consent to such jurisdiction and venue.

13. *Integration and Amendments.* This Agreement, including any fully executed Schedules attached, contains the entire agreement of the parties concerning the Services performed at the Property. No oral or written communication or negotiations that occurred before the execution of this Contract will be considered to be part of this agreement. This Agreement may be modified only by a written document signed by both the parties or by a written Modification order pursuant to this Agreement, which is to have the same force and effect as though fully set forth in this Agreement.

14. *Effective Date.* This Agreement has been signed and shall be effective as of the Effective Date first set forth above.

[Signatures to Follow]

ACCEPTED AND AGREED:

PARTICIPANT:

/S/_____

Print Name:_____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

PROVIDER:

CENTER FOR MEDICAL TRAINING, LLC

By: _____
Ashley Bauer
Its: Member

SCHEDULE A

SERVICES

Services to be rendered by Provider:

- Introduction to the healthcare system.
- Skills training for healthcare professionalism and communication.
- Teaching a general overview human health and disease.
- Instruction in basic patient and resident care.
- Instruction in basic state and federal long term care regulations.
- Safety training which includes; infection control, abuse prevention and reporting responsibility, basic first aid and emergency care.
- Preparation for state nurse aide certification testing.
- Payment for the first attempt at the State Certification Examination