



Informed Consent Form

Important – Please read completely, sign legibly and bring along with you to hand in at the registration desk.

I, _____, agree to hold harmless Sara’s City Workout, Inc. dba SCW Fitness Education (“SCW”), SCW WIM, Inc. dba WATERinMOTION® (“WIM”), their subsidiaries, shareholders, directors, officers, employees, conference presenters, conference sponsors, respective agents, successors and assigns from any and all liability whatsoever arising out of this event including, but not limited to: physical injuries, muscle strains, tears, pulls, broken bones, miscarriage, death, and any and all illness, or loss of personal property and income.

I understand the risks involved with participating in this strenuous event and attest that I am in sound physical condition. I also understand that I may be videotaped, audio-recorded and/or photographed during this event, and SCW, WIM, their affiliates, presenters, exhibitors and sponsors may use any and all imagery before, during and after the event, including but not limited to audio recordings, photos and videos, for any and all promotional and financial purposes without any compensation.

I further agree to all conditions of Registration, including but not limited to the No Refund Policy. I agree that SCW and its affiliates may use or rent any of my contact information, including but not limited to email address, mailing address and/or phone number(s) to other health and/or fitness related organizations with whom SCW and its affiliates have a trusted (financial or otherwise) relationship and share common goals. By providing my information, I agreed to receive any and all communications including but not limited to email, text messages and/or phone calls from SCW, WIM and any of its affiliates.

Update Contact Information LEGIBLY

First Name: _____ Last Name: _____

Cell Phone: (____) _____ Email Address: _____

I attest that I have read, and understand and agree to the above.

Name (please print): _____

Signature: _____ **Date:** _____

If the participant is under the age of 18 (or under guardianship), the undersigned Legal Guardian assumes all responsibilities and liabilities of the participant (minor or otherwise) including but not limited to the conditions in this INFORMED CONSENT FORM:

Guardian (Print Name Legibly): _____

Guardian Signature: _____