

Informed Consent Form



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, COVID-19, viruses, bacterial infections, allergic reactions, 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 and mailing address and phone number 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 agree 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.

Print Legibly:

First Name: _____ Last Name: _____

Sign Below:

By signing below you attest that you have read, understand and agree to the above.

Signature: _____

Date: _____

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